

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8263

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY Date Received: JAN 17 AM 8:17 Date Hand-delivered or Postmarked: [blank] Receipt # [blank] Amount [blank] Date Processed [blank] Date Imaged [blank]	
	NICKNAME LAST SUFFIX		
Yvonne M. WILLIAMS			
P.O. Box 142248 Aus Tx 78714			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(512) 565-1430		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
ALBERT BLACK			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1013 Weeping Willow Austin, Texas 78752		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(512) 339-4788		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	7 / 1 / 13		1 / 15 / 14
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	3 / 4 / 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Justice of Peace		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

YVONNE M. WILLIAMS

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,826

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,606.69

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,219.31

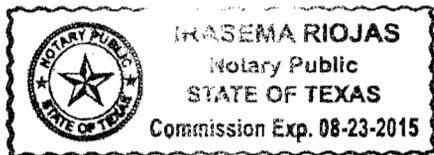
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 9,130.36

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Yvonne M. Williams
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Yvonne M. Williams, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Trasema Riojas
Signature of officer administering oath

Trasema Riojas
Printed name of officer administering oath

Civil Court Clerk Lead
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 105

2 FILER NAME YVONNE M. WILLIAMS 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>10/1/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JEFFREY W. ARCHER</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1705 ELMHURST DR AUSTIN, TX 78741</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>9/27/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BEN BLACKBURN, ATTY</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>11/07/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WILLIAMS LAW FIRM</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7901 Cameron rd Bld 2 suite 335 AUSTIN, TX 78754</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>11/08/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT E. LANG</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3023 FALL CREST DR SAN ANTONIO, TX 78247</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>11/08/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT E. LANG</u>	Amount of contribution (\$) <u>\$1.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3023 FALL CREST DR SAN ANTONIO, TX 78247</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 208 5	
2 FILER NAME VIVIANNE M. WILLIAMS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/11/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY A. NELSON	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8206 GLEN CASTLE SAN ANTONIO, TX 78239		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF MARK A. SAMPSON PC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 W. OLTOFF ST AUSTIN, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. S. BOYCE R. LUCKETT-BOYCE	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8511 MOBUD DR HOUSTON, TX 77038		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG HOWARD	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 705 CLEAR SPRING COVE ROUND ROCK, TX 78665		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES POPPER LISA T NAVARRO-POPPER	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 60409 GOULDVILLE CT AUSTIN, TX 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 385	
2 FILER NAME YVONNE M. WILLIAMS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-14-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVELYN P MCKEE	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code AUSTIN, TX 78752 GLENHILL CV 7001		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMMA WILLIAMS LEONARDE MCAFEE	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19 CR 142 B HALLETTSVILLE, TX 77964		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS M. BLANTON	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6167 5116-G MILL RD WASHINGTON, DC 20011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN & PATRICIA MCGILL CRODY	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4020 PINLNEY ST AUSTIN, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBIE JONES	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7833 NASHVILLE ST HOUSTON, TX 77028		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **4 of 5**

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 12/12/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omwale Luthuli	7 Amount of contribution (\$) 50-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O.		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos J. Ramirez	Amount of contribution (\$) 120-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9011 Collinfield Dr. Austin TX 78758		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 11/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertha Means	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7408 Valburn Ave Tx 78731		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 11/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Tate	Amount of contribution (\$) 30-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4925 Ave P 1/2 Galv. Tx 77551		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 11/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emma Williams	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19 CR 142B Hallettsville, Tx 77964		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **5085**

2 FILER NAME **Yvonne M WILLIAMS** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 9/9/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvonne M. WILLIAM	7 Amount of contribution (\$) 1,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 142248 78714		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **Personal Loan to Campaign** 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 6</i>	2 FILER NAME <i>Yvonne M. Williams</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/26/13</i>	5 Payee name <i>African American Youth Harvest</i>
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6 Amount (\$) <i>75-</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event - Luncheon</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/21/13</i>	Payee name <i>CARY</i>
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Amount (\$) <i>50</i>	Payee address; City; State; Zip Code <i>Austin, Tx</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event - fundraiser</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/21/13</i>	Payee name <i>Velva Price Campaign</i>
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Amount (\$) <i>100-</i>	Payee address; City; State; Zip Code <i>Austin, Tx</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign Contr.</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/3/13</i>	Payee name <i>Austin AFL-CIO</i>
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Amount (\$) <i>145</i>	Payee address; City; State; Zip Code <i>1100 Lavaca Street Austin</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Labour Day Event - Add</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 208	2 FILER NAME Yvonne WILLIAMS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/18	5 Payee name GOODWILL COMPUTERS
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6 Amount (\$) 199.80	7 Payee address; City; State; Zip Code NORWOOD AUSTIN TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office - overhead	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/13	Payee name RIGHTS OF PASSAGE
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Amount (\$) 100-	Payee address; City; State; Zip Code 6410 Beckman Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22/13	Payee name Shell Oil
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Amount (\$) 12.30	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gasoline	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/8/13	Payee name Moses Williams - Spiritual King In Town
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Amount (\$) 150-	Payee address; City; State; Zip Code GIVENS PARK
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertis at Tournament	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 306	2 FILER NAME YVONNE M. WILLIAMS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-13-2013	5 Payee name AUSTIN GMF
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6 Amount (\$) \$13.80	7 Payee address; City; State; Zip Code 8225 CROSS PARK DR AUSTIN, TX 74710
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POSTAGE STAMPS	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-18-2013	Payee name OFFICE DEPOT STORE #308
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Amount (\$) \$63.72	Payee address; City; State; Zip Code 810 TIRADO ST AUSTIN, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) INK, ENVELOPES, MAILER	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/13	Payee name USPS
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Amount (\$) \$2.07	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) STAMPS	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/23/13	Payee name GMF STATION
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Amount (\$) \$18.40	Payee address; City; State; Zip Code AUSTIN, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 486	2 FILER NAME YVONNE M. WILLIAMS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/25/13	5 Payee name CAPITOL RUBBER STAMPS
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6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 3314 S. CONGRESS AVE AUSTIN, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/3/13	Payee name SPEEDY STOP #219
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 1660 E. 51ST ST AUSTIN, TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/13	Payee name CAPITOL RUBBER STAMP
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Amount (\$) \$37.50	Payee address; City; State; Zip Code 3314 S. CONGRESS AUSTIN, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/4/13	Payee name TCDP (Democratic Party Travis County)
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Filing Fees	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 586	2 FILER NAME Yvonne M. WILLIAMS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/4/13	5 Payee name Eddie Rodriguez Campaign
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribute to Campaign	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/24/13	Payee name Brooke Smith
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Amount (\$) 250.00	Payee address; City; State; Zip Code 2017 Northridge Dr. Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign work - putting signs together - cleaning old signs	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/24/13	Payee name Yvonne M. WILLIAMS
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Amount (\$) \$1,000	Payee address; City; State; Zip Code P.O. 142248 Austin TX 78714
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13	Payee name WELLS FARGO BANK
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Amount (\$) 7.50	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCT Fees -	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>6026</i>	2 FILER NAME <i>Yvonne M. Wilkin</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/6/13</i>	5 Payee name <i>Travis County Dem Party</i>
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6 Amount (\$) <i>100</i>	7 Payee address; City; State; Zip Code <i>Austin, Tx</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/31/13</i>	Payee name <i>Austin Area Urban League</i>
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Amount (\$) <i>125</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>add for event</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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