

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>MR</b> FIRST: <b>Joseph</b> MI: <b>M.</b> NICKNAME: <b>Joey</b> LAST: <b>Williams</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: <b>2010 OCT 25 PM 1:18</b> Date Hand-delivered or Date Postmarked: <b>2010 OCT 25 PM 1:18</b> Receipt #: Date Processed: Date Imaged:	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>78 Windmill Hempstead TX 77445</b>	RECEIVED WALLER COUNTY CLERK ELECTIONS DIVISION	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(979)</b> PHONE NUMBER: <b>826-4551</b> EXTENSION:	RECEIVED WALLER COUNTY CLERK ELECTIONS DIVISION	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>MRS</b> FIRST: <b>Amy</b> MI: <b>G</b> NICKNAME:      LAST: <b>Williams</b> SUFFIX:	RECEIVED WALLER COUNTY CLERK ELECTIONS DIVISION	
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>78 Windmill Dr. Hempstead TX 77445</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(979)</b> PHONE NUMBER: <b>826-4551</b> EXTENSION:		
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>9/24/10      10/23/10</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>11/2/10</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>JP # 1</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name: Address / PO Box:      Apt. / Suite #:      City:      State:      Zip Code:		

FILED  
WALLER COUNTY CLERK  
ELECTIONS DIVISION  
2010 OCT 25 PM 1:18  
RECEIVED  
WALLER COUNTY CLERK  
ELECTIONS DIVISION  
2010 OCT 25 PM 1:18

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME Joseph "Joey" Williams 16 ACCOUNT # (Ethics Commission Filers)

17 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME  
NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

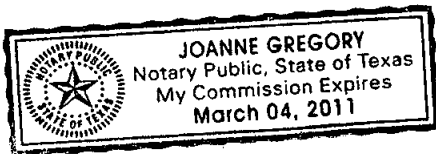
COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 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)	\$ <u>850.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>518.83</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.



J Williams  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joey Williams, this the 25 day of Oct, 20 10, to certify which, witness my hand and seal of office.

Joanne Gregory Joanne Gregory Notary Public  
Signature of officer administering oath Printed name of officer administering oath 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:	
2 FILER NAME <b>Joseph "Joey" Williams</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/2/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Republican Women of WC</b>	7 Amount of contribution (\$) <b>600<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>29175 Highway 6 Hempstead TX 77445</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>non profit organization</b>		10 Employer (See Instructions) <b>non</b>	
Date <b>10/4/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Philip Huey JR</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6330 East University Dallas TX 75214</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)	
Date <b>10/4/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Art and Ann Davis</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	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 <b>10/18/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen Toney</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 1546 Waller TX 77484</b>		(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#: _____)	Amount of contribution (\$)	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)	

**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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME <b>Joseph "Joey" Williams</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10/5/10</b>	5 Payee name <b>Effort Products</b>
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6 Amount (\$) <b>16.23</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>945 Austin St, Hempstead TX 77445</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>plastic bags to distribute political material</b>
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Date <b>10/14/10</b>	Payee name <b>WC News Citizen</b>
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Amount (\$) <b>75.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>705 12th St Hempstead TX 77445</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>ad in paper</b>
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Date <b>9/24/10</b>	Payee name <b>Premium Graphicx</b>
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Amount (\$) <b>427.60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>5512 Mitchelldale Houston TX 77092</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>political signs</b>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED