

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		20150283		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Williams for Senate												
Street Address: P.O. Box 6313												
City: Philadelphia						State: PA		Zip Code: 19139				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7. X	Year 2015	FILING METHOD () CHECK ONE				PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	3	2015				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	24	2015		12	31	2015				
A. Amount Brought Forward From Last Report						\$ 23,900.93						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 24,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 48,400.93						
D. Total Expenditures (From Schedule III)						\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 48,400.93						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 12,000.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Williams for Senate	From: <u>11/24/2015</u> To: <u>12/31/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 21,000.00
All Other Contributions (Part D)	\$ 3,500.00
TOTAL for the Reporting Period (3)	\$ 24,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 24,500.00
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PART B

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Williams for Senate	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee Carpenters PAC of Philadelphia & Vicinity				MO	DAY	YEAR	\$ 15,000.00
Mailing Address 1803 Spring Garden St				12	18	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 191303916					
Full Name of Contributing Committee Excellent Schools PA				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 150 S Independence Mall W Ste 1200				12	30	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 191063412					
Full Name of Contributing Committee Local Union #98 I.B.E.W. Committee on Political Education				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 1719 Spring Garden St				12	31	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 191303915					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 21,000.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate Williams for Senate	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Barbara Young Esq.				12	29	2015	\$ 1,000.00
Mailing Address 1 S Broad St Ste 1650							
City Philadelphia	State PA	Zip Code (Plus 4) 191073413					
Employer Name Schaff and Young P.C.				Occupation Attorney			
Employer Mailing Address/Principal Place of Business 1 S Broad StSte 1650			City Philadelphia		State PA	Zip Code (Plus 4) 19107	
Jeffrey N Brown				12	30	2015	\$ 1,000.00
Mailing Address 700 Delsea Dr							
City Westville	State NJ	Zip Code (Plus 4) 080931229					
Employer Name Shoprite Browns Superstores				Occupation President			
Employer Mailing Address/Principal Place of Business 700 Delsea Dr			City Westville		State NJ	Zip Code (Plus 4) 08093	
Wadud Ahmad Esq.				12	31	2015	\$ 500.00
Mailing Address 227 W Apsley St							
City Philadelphia	State PA	Zip Code (Plus 4) 191444218					
Employer Name Ahmad, Zaffarese, & Smyler				Occupation Founding Partner			
Employer Mailing Address/Principal Place of Business 1 S Broad StSte 1810			City Philadelphia		State PA	Zip Code (Plus 4) 19107	

Full Name of Contributor Ted Pagano Sr			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1 Kerlin Ct			12	31	2015	
City Garnet Valley	State PA	Zip Code (Plus 4) 190601336				
Employer Name Self			Occupation Business Man			
Employer Mailing Address/Principal Place of Business 1 Kerlin Ct		City Garnet Valley	State PA	Zip Code (Plus 4) 19060		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 3,500.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
Williams for Senate		From: <u>11/24/2015</u> To: <u>12/31/2015</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL	
						\$ 0.00	

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From To:

			DATE			AMOUNT	
To Whom Paid			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$ 0.00	

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate Williams for Senate				Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>					
<table style="width:100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 15%; text-align: center;">DATE</td> <td style="width: 25%; text-align: right;">Outstanding Balance of Debt</td> </tr> </table>								DATE	Outstanding Balance of Debt
	DATE	Outstanding Balance of Debt							
Name of Creditor Chavous Consulting LLC				MO	DAY	YEAR	\$ 12,000.00		
Mailing Address 100 S Broad St Ste 2220				12	31	2015			
City Philadelphia		State PA		Zip Code (Plus 4) 191101011		Description of Debt Services Rendered - Nov. - Dec. 2015			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 12,000.00		