

Commonwealth of Pennsylvania

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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	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	TO	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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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 A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

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

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 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						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)			
City	State	Zip Code (Plus 4)				

PAGE TOTAL
\$ 0.00

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

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	Mailing Address	City	MO	DAY	YEAR	
Carpenters PAC of Philadelphia & Vicinity	1803 Spring Garden St	Philadelphia	12	18	2015	\$ 15,000.00
State PA	Zip Code (Plus 4) 191303916					
Excellent Schools PA	150 S Independence Mall W Ste 1200	Philadelphia	12	30	2015	\$ 1,000.00
State PA	Zip Code (Plus 4) 191063412					
Local Union #98 I.B.E.W. Committee on Political Education	1719 Spring Garden St	Philadelphia	12	31	2015	\$ 5,000.00
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.					
Mailing Address 1 S Broad St Ste 1650	12	29	2015	\$	1,000.00
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	

Full Name of Contributor	MO	DAY	YEAR		
Jeffrey N Brown					
Mailing Address 700 Delsea Dr	12	30	2015	\$	1,000.00
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	

Full Name of Contributor	MO	DAY	YEAR		
Wadud Ahmad Esq.					
Mailing Address 227 W Apsley St	12	31	2015	\$	500.00
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: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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 Williams for Senate	Reporting Period 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	
Mailing Address				\$ 0.00
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:

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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	
Mailing Address				\$ 0.00
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>		
				Outstanding Balance of Debt
				DATE
Name of Creditor Chavous Consulting LLC		MO	DAY	YEAR
Mailing Address 100 S Broad St Ste 2220		12	31	2015
				\$ 12,000.00
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