Campaign Finance Report

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

Filer Identificati Number :	i on 2018	C0606			Report Filed B		CANDI	DATE	✓	СС	OMMITTEE		LOB	BYIS	г	
Name of Filing C	Committee, Candid	ate or L	obbyist:		VILLIA	-										
Street Address:																
City:							State:				Zip Cod	e: 19	144			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2. X	30 DA PRIM		POST-	3.		AMENDME REPORT?	ENT	Yes	\checkmark	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5.	30 DA	DAY POST- 6. TERMINATION CTION REPORT?					Yes		No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2018					METHOD PAPER DI					DIS	KETTE	•	
Name of Office S	L Sought by Candidat	te:					DATE O	ATE OF ELECTION District Office Party Co Number Code					rty Co	de Cou Coo		
REPRESENTATI	VE IN THE GENER		EMBI Y				мо	DAY	YEA	R	198	STH	DE	М		
REIRESERIATI			LINDET				11		6 2	2018		(SEE INS	TRUCTI	ONS FO	DR CODE	S)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	ROFFIC	E USE	ONL	Y	
Expenditures	s from:		3 27	20	18 T	0	4		30 2	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	n Sched	lule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Scho	edule II	1)			\$			74:	L.02						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$			741	.02						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedule	e II)	\$			(0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	')		\$			(0.00						
				AFFI	[DAVI]	T SE	CTION									
	s a Committee rep		-					• •		_	-					
correct and comple) that this report, incl ete.	uding the	e attached sci	nedules	filed on	paper	or by elect	ronic me	edium, a	re to i	the best of	ту кпом	leage	and b	eller, 1	true
Sworn to and subs	cribed before me this day of	5	20						Sigi	nature	e of Person	Submitt	ing Re	port		
	Signatu	re				_					Printe	ed Name				
My Commission E	-	-				_					Email					
	мо	D	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.							
No 320) as amende		ny knowle	edge and beli	ef this p	political	comm	ittee has n	ot violat	ed any p	orovis	ions of the	act of Ju	ine 3,1	937 (P.L. 13	33,
Sworn to and subso	ribed before me this day of		20							s	ignature of	Candida	te			_
						-					Printed	l Name				-
My Commission Exp	Signature					-					Email					_
,						_										
	мо	D	AY	YR				Area	Code		Da	ytime Te	lepho	ne Nu	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	3			
Name of Filing Committee or Candidate	Reporting	g Period		
WILLIAMS	From:	<u>3/27/201</u>	<u>.8</u> To:	<u>4/30/2018</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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PAGE 3

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 Candidat	Name of Filing Committee or Candidate				Reporting Period						
F				From: To:							
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	PAGE TOTAL			

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

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 Candidat	e		Rep	orting P	eriod				
From: To:):			
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Candidat	e		Report	ing Perio	bd				
			From:	From: To:					
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR			
Mailing Address							4	\$	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						1			
Enter Grand Total of Part E on Sche	lule T. Detailed	Summary Page	Section	4				PAGE TO	TAL
	ale 1, Detailed	Summary ruge,	Section				\$		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	From:	<u>3/27/2018</u> To:	<u>4/30/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate					Rep	oorting P	Period			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
WILLIAMS			From	<u>3/2</u>	7/2018	То:	<u>4/30/2018</u>		
				DATE			AMOUNT		
To Whom Paid UNITED STATES POST OFFICE			мо	DAY	YEAR				
Mailing Address 5209 GREENE STRE	ET		1	2	2018	\$	56.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19144		Description of Expenditure P.O. BOX PAYMENT					
To Whom Paid JENNIFER SMITH				DAY	YEAR				
Mailing Address 4949 PENNWAY STREET			1	3	2018	\$	50.00		
City PHILADELPHIA State Zip Code (Plus 4) PA 19124			-	Description of Expenditure CAMPAIGN PHOTOS					
To Whom Paid OMAR HAMODA			мо	DAY	YEAR				
Mailing Address 1321 SPRUCE STRE	ET		1	13	2018	\$	150.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107		otion of Exp IC DESIGN		3			
To Whom Paid DOCU CARE COPY CENTER			мо	DAY	YEAR				
Mailing Address 900 N. BROAD STRE	ET		1	14	2018	\$	91.80		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130	-	ition of Exp IGN LITER		2			
To Whom Paid SQUARESPACE			мо	DAY	YEAR				
Mailing Address 225 VARICK STREET 12TH FLOOR			4	20	2018	\$	16.00		
City NEW YORK	State NY	Zip Code (Plus 4) 10014	Descrip WEBSI	otion of Ex TE	penditure	2			

To Whom Paid ROCKET LAWYER				мо	DAY	YEAR				
Mailing Address 182 HOWARD STREET				1	28	2018	\$		20.00	
City SAN FRA	NCISCO	State	Zip Code (Plus 4)	Descrip	tion of Exr) Denditure				
	CA 94105				Description of Expenditure CAMPAIGN CONTRACTS					
To Whom Paid CITY VIEW PIZZA				мо	DAY	YEAR				
Mailing Address 3619 N. BROAD STREET			1	27	2018	\$	2	44.84		
City PHILADE	ΙΡΗΙΑ	State	Zip Code (Plus 4)	Descrip	tion of Exp	, Denditure				
		РА	19140		TEER LUNG					
To Whom Paid FACEBOOK				мо	DAY	YEAR				
Mailing Address	Address 1 HACKER WAY			1	31	2018	\$	2	22.54	
City MENLO F	PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	benditure				
CA 94025				ADVERTISEMENT						
To Whom Paid LYFT										
				мо	DAY	YEAR				
	185 BERRY STREET	SUITE 5000		мо 1	DAY 31	YEAR 2018	\$		3.64	
LYFT Mailing Address		SUITE 5000	Zip Code (Plus 4)	1	31	2018	\$		3.64	
LYFT Mailing Address		-	Zip Code (Plus 4) 94107	1 Descrip		2018 penditure	\$		3.64	
LYFT Mailing Address		State		1 Descrip STAFF	31 otion of Exp	2018 penditure	\$		3.64	
LYFT Mailing Address City SAN FRA To Whom Paid		State CA		1 Descrip STAFF	31 Dition of Exp TRANSPOR	2018 Denditure RTATION	\$		3.64	
LYFT Mailing Address City SAN FRA To Whom Paid LYFT Mailing Address	NCISCO	State CA		1 Descrip STAFF MO 2	31 Dition of Exp TRANSPOR DAY	2018 Denditure RTATION YEAR 2018				
LYFT Mailing Address City SAN FRA To Whom Paid LYFT Mailing Address	NCISCO	State CA	94107	1 Descrip STAFF MO 2 Descrip	31 btion of Exp TRANSPOR DAY	2018 Denditure RTATION YEAR 2018 Denditure				
LYFT Mailing Address City SAN FRA To Whom Paid LYFT Mailing Address	NCISCO	State CA SUITE 5000 State	94107 Zip Code (Plus 4)	1 Descrip STAFF MO 2 Descrip	31 htion of Exp TRANSPOR DAY 1 stion of Exp	2018 Denditure RTATION YEAR 2018 Denditure				
LYFT Mailing Address City SAN FRA To Whom Paid LYFT Mailing Address City SAN FRA To Whom Paid	NCISCO	State CA SUITE 5000 State CA	94107 Zip Code (Plus 4)	1 Descrip STAFF MO 2 Descrip STAFF	31 Dation of Exp DAY 1 DAY	2018 Cenditure TATION YEAR 2018 Cenditure RTATION				
LYFT Mailing Address City SAN FRA To Whom Paid LYFT Mailing Address City SAN FRA To Whom Paid SQUARESPACE	INCISCO 185 BERRY STREET INCISCO 225 VARICK STREE	State CA SUITE 5000 State CA	94107 Zip Code (Plus 4)	1 Descrip STAFF MO 2 Descrip STAFF MO 2	31 ption of Exp TRANSPOR DAY 1 ption of Exp TRANSPOR DAY	2018 Cenditure TATION YEAR 2018 Cenditure TATION YEAR 2018	\$		10.20	

To Whom Paid STAPLES					DAY	YEAR			
Mailing Address 23	ing Address 2339 LINCOLN HIGHWAY				2	2018	\$	21.19	
City LANGHORNE		State PA	Zip Code (Plus 4) 19047		ntion of Exp				
To Whom Paid DOCU CARE COPY CENTER				мо	DAY	YEAR			
Mailing Address 900 N. BROAD STREET				2	17	2018	\$	91.80	
City PHILADELPHI	PHILADELPHIAStateZip Code (Plus 4)PA19130			Description of Expenditure CAMPAIGN LITERATURE					
To Whom Paid GARY SIMPSON				мо	DAY	YEAR			
Mailing Address 25	539 CLEVELAND S	TREET		2	26	2018	\$	40.00	
City PHILADELPHI	PHIA State Zip Code (Plus 4) PA 19132			Description of Expenditure PETITION PAYMENT					
To Whom Paid STAPLES			<u> </u>	мо	DAY	YEAR			
STAPLES	339 LINCOLN HIGH	IWAY	1	мо 2	DAY 28	YEAR 2018	\$	12.28	
STAPLES	339 LINCOLN HIGH	IWAY State PA	Zip Code (Plus 4) 19047	2 Descrip		2018 penditure	\$	12.28	
STAPLES Mailing Address 23	339 LINCOLN HIGH	State		2 Descrip	28 otion of Exp	2018 penditure	\$	12.28	
STAPLES Mailing Address 23 City LANGHORNE To Whom Paid LYFT Mailing Address	339 LINCOLN HIGH	State PA		2 Descrip PETITIC	28 htion of Exp DN MATER	2018 penditure IALS	\$	12.28	
STAPLES Mailing Address 23 City LANGHORNE To Whom Paid LYFT Mailing Address	35 BERRY STREET	State PA		2 Descrip PETITIO MO 3 Descrip	28 htion of Exp DN MATER	2018 Denditure IALS YEAR 2018			
STAPLES Mailing Address 23 City LANGHORNE To Whom Paid LYFT Mailing Address 18	35 BERRY STREET	State PA SUITE 5000 State	19047 Zip Code (Plus 4)	2 Descrip PETITIO MO 3 Descrip	28 Nation of Exp DN MATER DAY 2 ttion of Exp	2018 Denditure IALS YEAR 2018			
STAPLES Mailing Address 23 City LANGHORNE To Whom Paid LYFT Mailing Address 18 City SAN FRANCIS To Whom Paid SQUARESPACE Mailing Address	35 BERRY STREET	State PA SUITE 5000 State CA	19047 Zip Code (Plus 4)	2 Descrip PETITIO MO 3 Descrip STAFF	28 otion of Exp DAY 2 otion of Exp TRANSPOR	2018 Denditure IALS YEAR 2018 Denditure RTATION			

To Whom Paid KATZ'S DELI				DAY	YEAR				
Mailing Address 225 CITY AVENUE				4	2018	\$	73.35		
City BALA CYNWYD	State PA	Zip Code (Plus 4) 19004	1 .	tion of Exp					
To Whom Paid LYFT			мо	DAY	YEAR				
Mailing Address 185 BERRY STREET SUITE 5000				14	2018	\$	5.26		
City SAN FRANCISCO	FRANCISCOStateZip Code (Plus 4)CA94107				Description of Expenditure STAFF TRANSPORTATION				
To Whom Paid LYFT			мо	DAY	YEAR				
Mailing Address 185 BERRY STREET SUITE 5000				17	2018	\$	9.07		
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94107	1 .	tion of Exp	1				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL 757.02		