Campaign Finance Report

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

| Filer Identification 20150283 Number : | | | | | Rep File | | | CANDI | DATE | | СОМ | MITTEE | | LOBBYIST | | | |
|---|---|-------------|------------------------|--------|-------------|--------|----------------|-------------|----------|--------|------------|--------------------------|----------------|----------|----------|---------|----------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | • | Willia | ams | for S | Senate | | | | | | | | | |
| Street Address: | P.O. Box 631 | 3 | | | | | | | | | | | | | | | |
| City: | Philadelphia | | | | | | | State: | PA | | | Zip Cod | le: 19 | 139 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - 2 | 2. | 30 DA PRIMA | | POST- 3. | | | AMENDM REPORT? | | Yes | No | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - 5 | 5. | 30 DA ELECT | | POST- 6. | | | TERMINA REPORT? | | Yes | No | | √ |
| report type) | ANNUAL REPORT | 7. X | Year 2018 | | | | | IG METHO | | | | PAPER | | | DISKE | TTE | √ |
| Name of Office S | Sought by Candida | ite: | • | | | | | DATE 0 | F ELE | СТІС | N | District Number | Office Code | Pa | rty Code | Cour | |
| | | | | | | | | МО | DAY | YI | AR | | 10000 | | | - | |
| | | | | | | | | 11 | | 6 | 2018 | | (SEE IN | STRUCTI | ONS FOR | CODES |) |
| • | Receipts and | МО | DAY | YEAR | | | | МО | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | enditures from: 11 27 2018 TO 12 31 2018 | | | | | | | | | | | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 74,6 | 540.23 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.0 | | | | | | | 0.00 | | | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 74,640. | | | | | | | 540.23 | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) \$ 17,146.0 | | | | | | | 146.09 | | | | | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C |) | | | \$ | | | 57,4 | 94.14 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Scl | hedul | le II) |) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | ١ | | | \$ | | | 47,0 | 00.00 | | | | | | |
| | | | | AFF | IDA | VI | ΓSE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign h | ere. I | If this | s is | a Can | ndidate re | eport, o | andi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached sche | edules | filed | l on p | paper o | or by elect | ronic m | edium | , are to t | he best o | f my knov | wledge | and beli | ef , tr | ue |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | S | Signature | of Perso | n Submit | ting Re | port | | _ |
| | Signati | ıre | | | | | - | | | | | Prin | ted Name | • | | | _ |
| My Commission Ex | cpires | | | | | | _ | | | | | Emai | il | | | | |
| | мо | D | AY | YR | | | | | Ar | ea Coc | le | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized C | Comm | ittee | e, Ca | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowl | edge and belief | f this | politi | ical | commi | ittee has n | ot viola | ted an | y provisi | ions of the | e act of J | une 3,1 | 937 (P.L | . 133 | 3, |
| Sworn to and subsc | ribed before me this | | | | | | | | | | Si | ignature o | f Candid | ate | | | - |
| | day of | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission 5 | Signature | | | | | | - | | | | | Ema | il | | | | _ |
| My Commission Exp | | | | | | | | | | | | | | | | | _ |
| | мо | D | AY | YR | | | - | | Area | Code | | Daytime Telephone Number | | | | _ | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | _ | | | |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| Williams for Senate | From: | 11/27/201 | <u>8</u> To: | 12/31/2018 |
| 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 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize onl with an aggregate val | | | | | | | |
|-------------------------|---|----------------|----|-----|------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Re | | | | | |
| | | | Fr | om: | | То | : | |
| | | • | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus | 4) | | | | | |
| | • | • | | • | • | • | $\overline{}$ | PAGE TOTAL |

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

PAGE TOTAL\$ 0.00

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 Filling Committee of Candidate | | | Reporting Period From: To: | | | | | |
|--|-------|-------------------|----------------------------|----|------|------|----|--------|
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | ١ | | | | | |

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 | | | Reporting | Period | | | | |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scho | edule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.00 |

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 Candida | ate | | | Rep | orting Pe | riod | | | |
|---|-----------------|-----------|--------------|--------------|-----------|-------|------|----------|------------|
| | | | | Froi | n: | | То | : | |
| | | | | | D | ATE | | AN | MOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus | i 4) | | | | | |
| Employer Name | • | • | | | Occupa | tion | • | • | |
| Employer Mailing Address/Principal Business | Place of | | City | | | State | | Zip Code | e (Plus 4) |
| Enter Grand Total of Part C on So | chedule I, Deta | iled Sumr | mary Page, | Section | on 3. | | | P | AGE TOTAL |
| | | | | | | | | • | 0.00 |

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 | | Repor | ting Perio | od | | | |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
| | | | From: | | | To: | | |
| | | | • | D | ATE | | AI | MOUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | • | | • | • | |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet | . Jammar y r uge, | 500.011 | | | | \$ | 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 Per | iod | | | | | | | |
|--|---------------|------------------------------|------------|--|--|--|--|--|--|
| Williams for Senate | From: | <u>11/27/2018</u> To: | 12/31/2018 | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 | | | | | | |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (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, | • | \$ | 0.00 | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | Il Name of Contributor iling Address | | | Reporting Period | | | | | |
|------------------------------------|--------------------------------------|-----------------------|----------|------------------|--------|-----------|------------|--|--|
| | | | From: | | | То: | | | |
| | | | | DATE | | | AMOUNT | | |
| 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL | | |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , , | | PAGE TOTAL | | |
| | | | | | | \$ | 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting l | Period | | | |
|--|-------------|---------|------------|---------|--------|-----------|-----------|-------|--------|------------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | • | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | iption | of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|---------------------------------------|------------------|-------|--------|-----|------------|--|--|
| Williams for Senate | From | 11/27 | 7/2018 | То: | 12/31/2018 | | |
| | | DATE | | | AMOUNT | | |
| To Whom Paid | | | | | | | |

| | | | | DATE | | AMOUNT |
|--|--------------------|---------------------------------------|---------------------------|-----------------------------|-----------|----------------|
| To Whom Paid Cardenas Grant Communications | | | мо | DAY | YEAR | |
| Mailing Address 1500 John F Kenned | ly Blvd Ste 200 | | 11 | 27 | 2018 | \$ 6,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191021754 | 1 | otion of Exp Consultants | | |
| To Whom Paid East Falls Development Parking | | | МО | DAY | YEAR | |
| Mailing Address 4133 Ridge Ave | +133 Nuge Ave | | | 30 | 2018 | \$ 2.50 |
| CityPhiladelphiaStateZip Code (Plus 4)PA191291545 | | | Descrip Parking | otion of Exp | penditure | |
| To Whom Paid Compass Self Storage - Oregon Ave. | | | МО | DAY | YEAR | |
| Mailing Address 10 - 12 Oregon Ave | | | 12 | 3 | 2018 | \$ 201.16 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19148 | Descrip Storage | otion of Exp | penditure | |
| To Whom Paid Chelsea Guzowski | | | МО | DAY | YEAR | |
| Mailing Address 216 Queen Lane | | | 12 | 3 | 2018 | \$ 263.21 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19127 | 1 | otion of Exp | penditure | |
| To Whom Paid NGP VAN | | | МО | DAY | YEAR | |
| Mailing Address 1101 15th St NW Ste 500 | | | 12 | 3 | 2018 | \$ 420.00 |
| City Washington State Zip Code (Plus 4) DC 200055006 | | | 1 | otion of Exp Support | penditure | |

| To Whom Paid Joel Redmond | мо | DAY | YEAR | | | | | | | | |
|--|--------------------------------|---------------------------------------|---|-------------------------------------|---------------------|--|----------|--|--|--|--|
| Mailing Address 1 Winding Dr Ste 206 | | | | 3 | 2018 | \$ | 260.00 | | | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191312994 | Description of Expenditure Car Service | | | | | | | | |
| To Whom Paid US Post Office - East Falls | | | МО | DAY | YEAR | | | | | | |
| Mailing Address 4130 Ridge Ave | | | | 3 | 2018 | \$ | 24.70 | | | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191291534 | Description of Expenditure Postage | | | | | | | | |
| To Whom Paid US Post Office - East Falls | | | | DAY | YEAR | | | | | | |
| Mailing Address 4130 Ridge Ave | | | | 4 | 2018 | \$ | 9.25 | | | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191291534 | Description of Expenditure Postage | | | | | | | | |
| To Whom Paid Darby Township Volunteer Fire Co. #4 | | | МО | DAY | YEAR | | | | | | |
| Mailing Address 1351 Hook Rd P.O. Box 159 | | | | | | \$ | 125.00 | | | | |
| Mailing Address 1351 Hook | Rd P.O. Box 159 | | 12 | 9 | 2018 | Description of Expenditure Facility Rental | | | | | |
| Mailing Address 1351 Hook City Sharon Hill | Rd P.O. Box 159 State PA | Zip Code (Plus 4) 190792427 | Descrip | tion of Exp | | | | | | | |
| 1331 1100k | State | | Descrip | tion of Exp | | | | | | | |
| City Sharon Hill To Whom Paid Chavous Consulting LLC | State | | Descrip Facility | Rental | penditure | \$ | 1,042.70 | | | | |
| City Sharon Hill To Whom Paid Chavous Consulting LLC | State PA | | Descrip Facility MO 12 Descrip | Rental | YEAR 2018 | \$ | 1,042.70 | | | | |
| City Sharon Hill To Whom Paid Chavous Consulting LLC Mailing Address 100 S Broad | State PA d St Ste 2220 State | 190792427 Zip Code (Plus 4) | Descrip Facility MO 12 Descrip | Rental DAY 10 | YEAR 2018 | \$ | 1,042.70 | | | | |
| City Sharon Hill To Whom Paid Chavous Consulting LLC Mailing Address 100 S Broad City Philadelphia To Whom Paid Chavous Consulting LLC | State PA d St Ste 2220 State | 190792427 Zip Code (Plus 4) | MO 12 Descrip Reim. f | DAY 10 tion of Exports or Expense | YEAR 2018 Denditure | \$ | 1,042.70 | | | | |

| | | | | | | P. | | | | |
|--|-------------------------------|------------------------------------|---------------------------------------|-----------------------|---------------------|----|--------|--|--|--|
| To Whom Paid Minds of Men | МО | DAY | YEAR | | | | | | | |
| Mailing Address 6715 N Carlisle St Apt 2 | | | | 12 | 2018 | \$ | 20.00 | | | |
| City Philadelphia | State | Zip Code (Plus 4) | Descrip | | | | | | | |
| PA 191262764 | | | | Fundraiser | | | | | | |
| To Whom Paid Penn State Dance Marathon | | | МО | DAY | YEAR | | | | | |
| Mailing Address 15 Harrison Dr | | | 12 | 12 | 2018 | \$ | 100.00 | | | |
| City Newtown Square | State | Zip Code (Plus 4) | Description of Expenditure Fundraiser | | | | | | | |
| | PA | 190731420 | | | | | | | | |
| To Whom Paid AT&T | · | | МО | DAY | YEAR | | | | | |
| Mailing Address 211 S Akard | ailing Address 211 S Akard St | | | | 2018 | \$ | 94.15 | | | |
| City Dallas | State TX | Zip Code (Plus 4) 752024207 | Description of Expenditure Cell Phone | | | | | | | |
| To Whom Paid Harland Clarke Checks | | | МО | DAY | YEAR | | | | | |
| Mailing Address 15955 La Cantera Pkwy. | | | | | | | | | | |
| Mailing Address 15955 La C | antera Pkwy. | | 12 | 17 | 2018 | \$ | 58.00 | | | |
| Mailing Address 15955 La Co | antera Pkwy. State | Zip Code (Plus 4) | | 17 otion of Exp | | \$ | 58.00 | | | |
| 13933 La Ci | | Zip Code (Plus 4) 78256 | | tion of Exp | | \$ | 58.00 | | | |
| 13933 La Ci | State TX | | Descrip | tion of Exp | | \$ | 58.00 | | | |
| City San Antonio To Whom Paid | State TX | | Descrip Check (| otion of Exp Order | penditure | \$ | 58.00 | | | |
| City San Antonio To Whom Paid Delaware County Black Caucus | State TX | | Descrip Check (| Order | YEAR 2018 | | | | | |
| City San Antonio To Whom Paid Delaware County Black Caucus Mailing Address 113 Branfor | State TX rd Rd | 78256 | Descrip Check (| DAY 18 | YEAR 2018 | | | | | |
| City San Antonio To Whom Paid Delaware County Black Caucus Mailing Address 113 Branfor | State TX rd Rd State | 78256 Zip Code (Plus 4) | MO 12 Descrip | DAY 18 | YEAR 2018 | | | | | |
| City San Antonio To Whom Paid Delaware County Black Caucus Mailing Address 113 Branfor City Darby To Whom Paid | State TX rd Rd State PA | 78256 Zip Code (Plus 4) | MO 12 Descrip Fundrai | DAY 18 stion of Exp | YEAR 2018 Denditure | | | | | |

| To Whom Paid American Express | | | МО | DAY | YEAR | | |
|--|--------------------|---------------------------------------|--|-----|------|----|-----------------------------|
| Mailing Address PO Box 1270 | | | 12 | 19 | 2018 | \$ | 2,105.42 |
| City Newark | State NJ | Zip Code (Plus 4) 071011270 | Description of Expenditure Multiple Campaign Expenses | | | | |
| To Whom Paid Bank of America | | | МО | DAY | YEAR | | |
| Mailing Address PO Box 15019 | | | 12 | 19 | 2018 | \$ | 200.00 |
| City Wilmington | State DE | Zip Code (Plus 4) 198865019 | Description of Expenditure Multiple Campaign Expenses - reim. | | | | |
| To Whom Paid 48th Ward Committee | | | МО | DAY | YEAR | | |
| Mailing Address 2009 Snyder Ave | | | 12 | 29 | 2018 | \$ | 500.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191452811 | Description of Expenditure Election Day Expense | | | | |
| Enter Grand Total of Expenditure | es on Page 1, Re | eport Cover Page, Item D | | | | \$ | PAGE TOTAL 17,146.09 |

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 | | | | Reporting Period | | | | | | |
|--|---|-----------------------------------|----------|---|--|------|------------|--------------------------------|--|--|
| Williams for Senate Fr | | | | <u>11/27/2018</u> To: | | | 12/31/2018 | | | |
| | | | | | DATE | | | Outstanding Balance of Debt | | |
| Name of Creditor Chavous Consulting LLC | | | | мо | DAY | YEAR | | | | |
| Mailing Address 100 S Broad St Ste 2220 | | | | 2 | 28 | 2018 | \$ | 29,000.00 | | |
| City Philadelphia | State PA | Zip Code (Plu 191101011 | - | Description of Debt Outstanding Debt - Service 2013 | | | | ces Rendered 2010 - | | |
| | | | | | Outstanding DATE Balance of D | | | | | |
| Name of Creditor Chavous Consulting LLC | | | | мо | DAY | YEAR | | | | |
| Mailing Address 100 S Broad St Ste 2220 | | | | 11 | 1 | 2018 | \$ | 6,000.00 | | |
| City Philadelphia | State Zip Code (Plus 4) | | | Description of Debt Services Rendered - Oct. 2018 | | | | | | |
| | | | | | Outstanding DATE Balance of Debt | | | | | |
| Name of Creditor Chavous Consulting LLC | | | | МО | DAY | YEAR | | | | |
| Mailing Address 100 S Broad St Ste 2220 | | | | 12 | 31 | 2018 | \$ | 12,000.00 | | |
| City Philadelphia | a State Zip Code (Plus 4) 191101011 | | | | Description of Debt Services Rendered - Nov. & Dec. 20 | | | | | |
| Enter Grand Total of | Unpaid Debts on Page 1, R | eport Cover Pa | ge, Item | G. | | | \$ | PAGE TOTAL 47,000.00 | | |