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 : | on 2015 | 0283 | | | Repo Filed | | | ANDI | DATE | | COM | AITTEE | Y | LUB | D1131 | |
|---|--------------------------------|-----------|-----------------------|----------|---------------|--------------|-------------|-------|----------|-------------|-----------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | , | Williar | ns for | Sena | te | | | - | | · | | | |
| Street Address: | | | | | | | | | | | | | | | | |
| City: | Philadelphia | | | | | | Sta | te: | PA | | | Zip Co | de: 19 | 143 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | 2. | 30 D PRIM | AY 1ARY | F | POST- | 3. X | | AMENDN REPORT | | Yes | No | ~ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | - 5. | 30 D | AY CTION | F | POST- | 6. | | TERMIN/ REPORT | | Yes | No | \ |
| report type) | ANNUAL REPORT | 7. | Year 2019 | | | | NG M | | | | | PAPER | | | DISKE | TTE |
| Name of Office S | - Sought by Candida | te: | - | | | - | DA | TE O | F ELE | CTIC | ON | District Number | Office Code | Pa | rty Code | County Code |
| | | | | | | | МО | | DAY | Y | EAR | | • | Ī | | |
| | | | | | | | | 11 | | 5 | 2019 | | (SEE IN | STRUCTI | ONS FOR (| CODES) |
| | Receipts and | МО | DAY | YEAR | | | МО | | DAY | Y | EAR | FC | R OFFI | CE USE | ONLY | |
| Expenditures | from: | | 5 7 | 20 | 019 | то | | 6 | | 10 | 2019 | | | | | |
| A. Amount Bro | ught Forward Froi | m Last R | eport | | | \$ | 5 | | | 39, | 973.59 | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (Fron | n Sche | dule I |) 9 | \$ | | | | 840.00 | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | 9 | \$ | | | 40, | 813.59 | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | 5,6 | 605.97 | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | | <u> </u> | | | 35,2 | 207.62 | | | | | |
| F. Value Of In- | Kind Contributions | s Receiv | ed (From S | chedul | e II) | | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | ts And Obligations | (From | Schedule I\ | /) | | 9 | \$ | | | 48,0 | 00.00 | | | ' | | |
| | | | | | | IT SE | | | | | | | | | | |
| I swear (or affirm) | s a Committee rep | - | _ | | | | | | | | _ | | f my knov | wledge | and beli | ef , true |
| correct and comple Sworn to and subs | ete. scribed before me this | s | | | | | | | | | Siamatuu | of Daves | n Submitt | ina Da | | |
| | day of | | _ 20 | | | _ | | | | • | Signature | oi Peiso | ii Subiiiici | illig Ke | port | |
| | Signatu | ıre | | | | _ | | | | | | Prin | ted Name | • | | |
| My Commission Ex | · — | | | | | _ | | | | | | Ema | il | | | |
| | МО | | AY | YR | | | | | | ea Co | de | Daytin | ne Teleph | one Nu | ımber | |
| | a report of a can | | | | • | | | | | | | | | | 007 (D.) | 4000 |
| No 320) as amende | | ny knowi | eage and bei | ier this | politica | ai comr | nittee | nas n | ot viola | tea ar | ny provis | ions of th | e act or Ji | une 3,1 | .937 (P.L | . 1333, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | S | ignature (| of Candida | ate | _ | |
| | | | | | | _ | | | | | | Printe | ed Name | | | |
| My Commission Exp | Signature pires | | | | | _ | | | | | | Ema | il | | | |
| | мо | D | AY | YR | | _ | | | Area | Code | | D | aytime T | elepho | ne Numb | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | J Period | | |
|--|-----------|----------------|--------------|-----------|
| Williams for Senate | From: | <u>5/7/201</u> | <u>9</u> To: | 6/10/2019 |
| 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 | (2) | \$ | 0.00 | |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 500.00 |
| All Other Contributions (Part D) | | | \$ | 340.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 840.00 |
| 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 | | | \$ | 840.00 |

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 | | | | Period | | | |
|---------------------------------------|-------|-------------------|-------|--------|------|----|--------|
| | | -1 | From: | | То | • | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | _ | _ | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

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

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 Filing Committee or Candidate | | | | | Reporting Period | | | | | |
|---------------------------------------|-------|-------------|----------|----|------------------|------------|----|------------|--|--|
| Fro | | | From: To | | | ɔ : | | | | |
| | | | - | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (F | Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |

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 | Reporting Per | iod | | |
|---------------------------------------|---------------|-----------------|-----|-----------|
| Williams for Senate | From: | <u>5/7/2019</u> | То: | 6/10/2019 |

DATE AMOUNT

| Full N | ame of Contributing Committee | МО | DAY | YEAR | | | |
|--------|-------------------------------|-------|-------------------|------|------|--------|------------------|
| Malad | Malady & Doten PAC | | | | 2711 | 1 LAIR | \$ 500.00 |
| Mailin | Mailing Address | | | | 20 | 2019 | |
| City | Harrisburg | State | Zip Code (Plus 4) | 5 | 20 | 2019 | |
| | PA 171011114 | | | | | | |

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

PAGE TOTAL\$ 500.00

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.)

| lame of Filing Committee or Candidate | | | | orting Pe | riod | | | | |
|---|---------------------|----------------|---------|-----------|--------------|--------|-----------|--------------|--|
| Williams for Senate | | | Fron | n: | <u>5/7/2</u> | 019 To | 6/10/2019 | | |
| | | | | D.A | ATE | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 340.00 | |
| Daniel Veloric | | | | | | 370.00 | | | |
| Mailing Address | | | | 5 | 20 | 2019 | | | |
| City Bala Cynwyd | State | Zip Code (Plus | 5 4) |]] | 20 | 2015 | | | |
| | l _{PA} | 190041107 | | | | | | | |
| Employer Name Veloric Asset Manage | ment LLC | | | Occupat | ion | Chairm | an | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip Co | ode (Plus 4) | |
| | | Bala Cynv | vyd | | PA | | 1900 | 41107 | |
| Enter Grand Total of Part C on Sche | dule I. Detailed Su | ummarv Page. | Section | on 3. | | Γ | | PAGE TOTAL | |
| | | , ·, | | • | | | \$ | 340.00 | |

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 | | Report | ing Peri | od | | | |
|-----------------------------|---------------------------|---------------|---------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | | • | | | |
| Forten Commit Tatal of Boot | F an Cabadala I Batallad | I C B | C | | | | | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule I, Detalled | summary Page, | Section | 4. | | | \$ | 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>5/7/2019</u> To: | 6/10/2019 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| 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 Candidate | 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 Sche Section 2. | dule II, In-Kind (| Contributions Detai | iled Sum | mary Pag | je, | | PAGE TOTAL | |
| | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | Rep | porting | Period | | | | |
|---|---------------------------------------|------|------------------|--------|---------|--------------|--------|-------|-----------------|--|
| | F | | | | From: | | | То: | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | - | | | | \$ | 0.00 | |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | у | State | e Zip | Code(Plus 4) | Descri | ption | of Contribution | |
| Enter Grand Total of Part G on Sch | edule II, In-Kin | nd C | Contributions D | etaile | ed | | | | PAGE TOTAL | |
| Summary Page, Section 3. | | | | | | | | | 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per | riod | | |
|---------------------------------------|---------------|----------|-----|-----------|
| Williams for Senate | From | 5/7/2019 | То: | 6/10/2019 |

| | | | | | DATE | | AMOUNT | | | | |
|--|--|-------------------|----------------------------|------------------------------------|-------------|----------|--------|----------|--|--|--|
| To Whom Paid | | | | МО | DAY | YEAR | | | | | |
| Strassheim Graphic Design & Press Corp | | | | PIO | | 1 = Aux | | | | | |
| Mailing Address | | | | 5 | 9 | 2019 | \$ | 1,076.24 | | | |
| City Philadelphia State Zip Code (Plus 4 | | Zip Code (Plus 4) | Description of Expenditure | | | | | | | | |
| | | PA | 191304600 | Printing | | | | | | | |
| To Whom Paid | | | | | DAY | YEAR | | | | | |
| VFW District 7 | | | | МО | | ILAK | | | | | |
| Mailing Address | | | | | 11 | 2019 | \$ | 45.00 | | | |
| City Darby State | | | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| PA 190231608 | | | | Advertisement | | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | | |
| AT&T | | | | 1-10 | | TEAR | | | | | |
| Mailing Address | | | | 5 | 16 | 2019 | \$ | 90.60 | | | |
| City Dallas State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | | |
| | | TX | 752024207 | Cell Phone | | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | | |
| American Express | | | | | | ILAK | | | | | |
| Mailing Address | | | | 5 | 20 | 2019 | \$ | 1,299.65 | | | |
| City Ne | ewark | State | Zip Code (Plus 4) | 5 4) Description of Expenditure | | | | | | | |
| | | NJ | 071011270 | Multiple Campaign Expenses - reim. | | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | | |
| South Philadelphia Lions Club | | | | PIO | | ILAK | | | | | |
| Mailing Address | | | | | 20 | 2019 | \$ | 35.00 | | | |
| City Dr | exel Hill | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | | PA | 190264004 | Advertisement | | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | | |
| Sultan Jihad Ahmad Community Foundation | | | | | | | | | | | |
| Mailing Address | | | | 5 | 20 | 2019 | \$ | 220.00 | | | |
| City Ph | ity Philadelphia State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | |
| | | PA 191213119 | | | | Tickets | | | | | |

| | | | | | | | • • | 12 | |
|---|----------|-------------|------------------------------------|----------------------------|-------------|----------|------------|----------|--|
| To Whom Pai | d | | | МО | DAY | YEAR | | | |
| American Express | | | | MO | DAT | TEAR | | | |
| Mailing Address | | | | 5 | 22 | 2019 | \$ | 600.00 | |
| City Newa | rk | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | NJ | 071011270 | Multiple | Campaigr | Expense | es - reim. | | |
| To Whom Paid | | | | МО | DAY | YEAR | | | |
| US Post Office | | | | MO | DAI | ILAK | | | |
| Mailing Address | | | | 5 | 31 | 2019 | \$ | 3.20 | |
| City Philac | lelphia | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | I | | |
| | | PA | 19151 | Postage | ! | | | | |
| To Whom Paid Compass Self Storage - Oregon Ave. | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | 6 | 1 | 2019 | \$ | 216.28 | |
| City Philadelphia State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | |
| | | PA | 19148 | Storage Fee | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | |
| NGP VAN Mailing Address | | | | 6 | 1 | 2019 | \$ | 320.00 | |
| | <u>-</u> | | | Description of Expenditure | | | | | |
| City Wash | ington | State DC | Zip Code (Plus 4) 200055006 | Admin Support | | | | | |
| To Whom Paid | | | | | І | | | | |
| Paula Wright | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | 6 | 7 | 2019 | \$ | 1,700.00 | |
| City Philac | lelphia | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 191432908 | Service | s Rendered | Mar. 201 | 9 | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL | | |
| | | | | | | \$ | 5,605.97 | | |
| | | | | | | | | | |

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 | | | From: | <u>5/7/2019</u> To: | | | 6/10/2019 | | | | |
| <u> </u> | | | | | DATE | | | | Outstanding Balance of Debt | | |
| Name of Creditor | мо | DAY | YEAR | | | | | | | | |
| Chavous Consulting LLC | 140 | | LAK | | | | | | | | |
| Mailing Address | | | | | 28 | 2018 | 3 \$ | \$ | 24,000.00 | | |
| City Philadelphia | State | Zip Code (F | lus 4) | Description of Debt | | | | | | | |
| PA 191101011 | | | | Outstanding Debt - Services Rendered 2010 - 2013 | | | | | | | |
| Name of Creditor | | | | | DAY | YEAR | | | | | |
| Chavous Consulting LLC | | | | | DAI | ILAK | | | | | |
| Mailing Address | 5 | 6 | 2019 | • | \$ | 24,000.00 | | | | | |
| City Philadelphia | State | Zip Code (F | lus 4) | Description of Debt Services Rendered - Feb May 2019 | | | | | | | |
| | PA | 191101011 | L | | | | | | | | |
| | | | | | | | | PAG | E TOTAL | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | | | 48,000.00 | | |