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	50283			Repo Filed		:	CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	·	Williar	ns fo	or S	enate									
Street Address:																	
City:	Philadelphia _							State:	PA			Zip Cod	ie: 19	9139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.		DA RIMA		POST-	T- 3.		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.		DA ECT	Y F TON	POST- 6.			TERMINA REPORT		Yes	No	`	
report type)	ANNUAL REPORT	7. X	Year 2019					IG METHO CHECK OI				PAPER			DISKE	TTE	
Name of Office S	Sought by Candida	te:						DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	Count Code	у
								МО	DAY	YE	AR		10000			5020	
							İ	11		5	2019		(SEE IN	STRUCTI	ONS FOR (CODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		11 26	20	019	то		12		31	2019						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			29,6	541.17						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule I)	\$			4,2	298.41						
C. Total Funds Available (Sum Of Lines A and B)							\$			33,9	939.58						
D. Total Expen	ditures (From Sch	edule II	I)				\$			7,8	350.18						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			26,0	89.40						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	hedul	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			78,0	00.00			1			
				AFF:	IDAV	IT :	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. I	f this	is a	Can	didate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	edules	filed o	n pap	per c	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and beli	ef , tru	e,
Sworn to and subs	cribed before me thi day of	S	20							S	Signature	of Perso	n Submit	ting Re	oort		-
	Signatu	ıre				_						Prin	ted Name	e			-
My Commission Ex	cpires											Ema	il				-
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comm	ittee,	Can	dida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	f this	politic	al co	mmi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	,
Sworn to and subsc	ribed before me this day of		20								S	ignature o	of Candid	ate			-
						_						Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				-
, сс Ехр						_											
	МО	D	AY	YR					Area	Code		Da	aytime T	elephoi	ne Numb	er	1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Williams for Senate	From:	11/26/201	<u>9</u> To:	12/31/2019
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) Period	(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)			\$	3,792.00
TOTAL for the Reporting	Period	(3)	\$	4,292.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	6.41
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			\$	4,298.41

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 Commit	ttee or Candidate			Reporting Period							
				From:			То	:			
			•			DATE			AMOUNT		
Full Name of Contributin	ng Committee			M	0	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.

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.

(ZACI			ooiiticai comm			porteu			
Name of Filing Commit	tee or Candidate			Reporting Period					
				Fro	m:		To) :	
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address			_					\$	0.00
City	s	State	Zip Code (Plus 4)					
						1			

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 F	Period		
Williams for Senate	From:	11/26/2019	То:	12/31/2019

DATE AMOUNT

Full N	Full Name of Contributing Committee				DAY	YEAR	
Vision	Vision Committee					ILAK	\$ 500.00
Mailin	Mailing Address				10	2019	
City	Harrisburg	State	Zip Code (Plus 4)	12	10	2019	
		PA	171011801				

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.)

Name of Filing Committee of Candidate				Кер	orting Pe	riod				
Williams for Senate				Fron	n:	11/2	<u>6/2</u>	<u>019</u> To	:	12/31/2019
					D/	ATE			1	AMOUNT
Full Name of Contributor					мо	DAY		YEAR		
Christine M Pasieka					МО	DAY		TEAK	\$	2,500.00
Mailing Address					12		6	2019	7	
City New York	State	Zi	p Code (Plus	4)	12		U	2019	Ï	
	NY	10)1283416							
Employer Name N/A					Occupation Hom				aker	
Employer Mailing Address/Principal Plac	e of Business		City			State	•		Zip Co	de (Plus 4)
			New York			NY			10128	33416
Full Name of Contributor								VEAD		
Anthony Williams					МО	DAY		YEAR	\$	800.00
Mailing Address					12		6	2019		
City Philadelphia	State	Zi	p Code (Plus	(4)	12		U	2019		
	PA	19	91433025							
Employer Name Commonwealth of PA					Occupat	ion	:	State Se	enator	
Employer Mailing Address/Principal Plac	e of Business		City		State				Zip Co	de (Plus 4)
			Philadelph	iia		PA			19153	33013
Full Name of Contributor					мо	DAY		YEAR		
Anthony Williams					МО	DAT		TEAK	\$	492.00
Mailing Address					12		6	2019		
City Philadelphia	State	Zi	p Code (Plus	4)	1-		Ū			
	PA	19	91433025						İ	
Employer Name Commonwealth of PA					Occupat	ion	;	State Se	enator	
Employer Mailing Address/Principal Plac	e of Business		City			State	;		Zip Co	de (Plus 4)
			Philadelph	iia		PA			19153	33013
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umn	nary Page,	Section	on 3.				\$	PAGE TOTAL 3,792.00

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	Reporting Pe	riod	
Williams for Senate	From:	<u>11/26/2019</u> To:	12/31/2019

			D	ATE		AMOUNT	
Full Name							c 44
TD Bank			МО	DAY	YEAR	\$	6.41
Mailing Address	Mailing Address				2019		
City Cherry Hill	State	Zip Code (Plus 4)	12	31	2015		
	NJ	08034					
Receipt Description Interest	•					•	

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

PAGE TOTAL \$ 6.41

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>11/26/2019</u> To:	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			PAGE TOTAL	
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor				Occupation						
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
Williams for Senate	From	11/26/2019	То:	12/31/2019

			<u> </u>								
					DATE	AMOUNT					
To Wh	om Paid			мо	DAY	YEAR					
Ameri	can Express			М		1 = Aux					
Mailin	g Address			12	22	2019	\$	3,533.31			
City	Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	NJ 071011270				Multiple Campaign Expenses - reim.						
To Wh	om Paid			мо	DAY	YEAR					
AT&ar	mp;T			MO	DAT	TEAR					
Mailin	g Address			12	13	2019	\$	79.15			
City	Dallas	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		TX	752024207	Cell Phone							
To Wh	om Paid			мо	DAY	YEAR					
Comp	ass Self Storage - Oregon Ave			MO	DAT	TEAR					
Mailing Address				12	2	2019	\$	127.72			
City Philadelphia State Zip Code (Zip Code (Plus 4)	Description of Expenditure							
PA 19148				Storage Fee							
To Wh	om Paid	•	·		l _{DAV}	VEAD					
Demo	cratic State Senate Campaign	Committee		МО	DAY	YEAR					
Mailin	g Address			12	15	2019	\$	2,500.00			
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure							
		PA	171053792	Contribution							
To Wh	om Paid				l _{DAY}	VEAD					
Hilton	City Ave.			МО	DAY	YEAR					
Mailing Address			12	17	2019	\$	1,000.00				
Mailin	y Address										
		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	Philadelphia	State PA	Zip Code (Plus 4) 191311611	Descrip	_	enditure					
City				Facility	Rental						
City To Wh	Philadelphia				_	enditure YEAR					
City To Wh Minds	Philadelphia			Facility	Rental		\$	40.00			
City To Wh Minds	Philadelphia nom Paid of Men			MO 12	Rental	YEAR 2019	\$	40.00			

To Whom Paid			мо	DAY	YEAR			
NGP VAN			PIO		ILAK			
Mailing Address			12	2	2019	\$	320.00	
City Washington	State	Zip Code (Plus 4)	Description of Expenditure					
	DC	200055006	Admin Support					
To Whom Paid			мо	DAY	YEAR			
Nina for PA			1-10		12/11			
Mailing Address			12	27	2019	\$	250.00	
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	191070681	Contrib	ution				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL		
					\$	7,850.18		

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						
William	ns for Senate			From:	<u>11</u>	/26/2019	то:		12/31/2	<u>2019</u>
						DATE			Outstand Balance o	
Name of Creditor					мо	DAY	YEAR			
Chavo	us Consulting LLC				110					
Mailing Address					2	28	201	8	\$	24,000.00
City	Philadelphia	State	Zip Code (P	lus 4)	Descript	tion of De	bt			
	PA 191101011 Outstanding Debt - Servi					ices	Rendered	l 2010 -		
Name	of Creditor				мо	DAY	YEAR			
Chavous Consulting LLC				MO	DAT	TEAR				
Mailing Address				12	31	201	9	\$	54,000.00	
City	Philadelphia	State	Zip Code (P	lus 4)	Description of Debt					
		PA	191101011		Services Rendered - April-Dec. 2019					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAG	E TOTAL		
							\$;	78,000.00	