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	20150)283				Repo			CA	NDII	DATE		COMN	1ITTEE	TTEE LOBBYIST				
Name of Filing C	ommittee,	Candida	ite or Lo	obbyis	it:	,	Willia	ms	for S	Senat	е									
Street Address:	P.O. B	ox 6313																		
City:	Philade	elphia								State	e:	PA			Zip Cod	l e: 19	139			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND F PRIMA	RIDAY ARY	PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND F	RIDAY FION	PRE-	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL R	EPORT	7. X	Year	2019					NG ME		_	<u> </u>		PAPER			DISK	ETTE	\
Name of Office S	ought by C	Candidat	e:					_		DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pa	rty Code	Code	
										МО		DAY	Y	EAR		•				
											11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES	6)
Summary of		and	МО	DA	Y	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	irom:		1	l1	26	20)19	T	o 		12	:	31	2019						
A. Amount Bro	ught Forwa	rd From	Last R	eport					\$				29,	641.17						
B. Total Moneta	ary Contrib	utions A	nd Rec	eipts ((From	Sched	dule 1	[)	\$				4,	298.41						
C. Total Funds	Available (Sum Of	Lines A	and E	3)				\$				33,	939.58						
D. Total Expend	ditures (Fr	om Sche	dule II	I)					\$				7,	850.18						
E. Ending Cash	Balance (S	Subtract	Line D	From	Line C	<u>)</u>			\$				26,	089.40						
F. Value Of In-	Kind Contri	ibutions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obli	gations ((From S	chedu	ıle IV))			\$				78,	000.00		'				
						AFF:	ΙDΑ	VI٦	ΓSE	CTIC	NC									
PART I - If this is		-	-		_									_						
I swear (or affirm) correct and complete		port, inclu	iding the	attach	ned sch	edules	filed	on p	paper	or by e	electr	onic m	ediun	n, are to t	he best of	my know	/ledge	and be	ief , tı	rue
Sworn to and subs	cribed before day of	e me this		20							•			Signature	of Perso	n Submitt	ing Re	port		_
	_	Signatur	e	_					-						Print	ted Name				
My Commission Ex	cpires								_		•				Emai	I				
	М	0	D#	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report o	f a cand	idate's	autho	rized (Comm	ittee	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge ar	nd belie	f this	politic	cal	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ne 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before day of	me this		20										Si	ignature o	f Candida	te			_
				20 -					•						Printe	d Name				-
	Sig	gnature							•											_
My Commission Exp	ires														Emai	ı				
	_	мо	DA	AY		YR						Area	Code		Da	ytime Te	lepho	ne Num	ber	_

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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
		From: To:				:		
		•			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:				
			l		DATE			AMOUNT
Full Name of Contributor				МО	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 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							
Williams for Senate	From:	11/26/2019	То:	12/31/2019				

DATE AMOUNT

Full Name of Contributing Committee Vision Committee	МО	DAY	YEAR			
Mailing Address 2205 Strawberry Sq						\$ 500.00
City Harrisburg	State PA	Zip Code (Plus 4) 171011801	12	10	2019	

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 or	Candidate			Rep	orting Pe	riod				
Williams for Senate				Fron	n:	11/26/2	<u>019</u> To) :	12/31/2019	<u> </u>
					D	ATE		AN	моинт	
Full Name of Contributor Christine M Pasieka					мо	DAY	YEAR			
Mailing 1601 3rd A	ve 33A							\$	2,500	0.00
City New York	State	Zi	p Code (Plus	4)	12	6	2019			
	NY	10	01283416							
Employer Name N/A	<u>.</u>	•			Occupat	tion	Homema	aker		
Employer Mailing Address/Pri Business	ncipal Place of		City			State		Zip Code (Plus 4)		
1601 3rd Ave33A New Yo			New York	(NY		10128	3416	
Full Name of Contributor Anthony Williams					МО	DAY	YEAR			
Mailing 5939 Cobb	s Creek Pkwy							\$	800).00
City Philadelphia	State	Zi	p Code (Plus	4)	12	6	2019			
	PA	19	91433025							
Employer Name Commonwo	ealth of PA				Occupat	tion	State Se	nator		
Employer Mailing Address/Pri Business	incipal Place of		City		I	State		Zip Code	e (Plus 4)	
2901 Island Ave			Philadelpl	hia		PA		19153	3013	
Full Name of Contributor					мо	DAY	YEAR			
Anthony Williams					140	DAI	ILAK			
Mailing 5939 Cobb	s Creek Pkwy							\$	492	2.00
City Philadelphia	State	Zi	p Code (Plus	4)	12	6	2019			
	PA	19	91433025							
Employer Name Commonwe	ealth of PA				Occupation State Senator					
Employer Mailing Address/Pri Business	ncipal Place of		City	State				Zip Code (Plus 4)		
2901 Island Ave			Philadelpl	hia		PA		191533013		

PAGE 7

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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 Candidat	e		Report	ing Perio	d			
Williams for Senate			From:		<u>11/26/201</u>	<u>9</u> To:		12/31/2019
				D	ATE			AMOUNT
Full Name TD Bank				МО	DAY	YEAR		
Mailing Address 1701 Rt. 70 East							\$	6.41
City Cherry Hill	State NJ	Zip Code (Plus 4)	12	31	2019		
Receipt Description Interest	•	·					•	
Enter Grand Total of Part E on Sche	dule T. Detailed	d Summary Page.	Section	4.				PAGE TOTAL
		, , , , , , , , , , , , , , , , ,	222001				\$	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 Candid	ate		Reportin	g 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 So	chedule II. In-Kir	nd Contributions Deta	iled Sun	ımarv Pad	ae.		PAGE TOTAL
Section 2.				 ;		\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$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)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
Williams for Senate			From	11/20	6/2019	То:	12/31/2019
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
American Express							
Mailing Address PO Box 1270)		12	22	2019	\$	3,533.31
City Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure) }	
	NJ	071011270	Multiple	e Campaig	ses - reim.		
To Whom Paid AT&T			МО	DAY	YEAR		
Mailing Address 211 S Akard	St		12	13	\$	79.15	
City Dallas	State	Zip Code (Plus 4)	Description of Expenditure				
	TX	752024207	Cell Phone				
To Whom Paid Compass Self Storage - Oregon	Ave.		мо	DAY	YEAR		
Mailing Address 10 - 12 Oreg	on Ave		12	2	2019	\$ \$	127.72
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	:	
	PA	19148	Storage	e Fee			
To Whom Paid Democratic State Senate Campa	aign Committee		мо	DAY	YEAR		
Mailing Address PO Box 3792	!		12	15	2019	\$	2,500.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	:	
, and the second	PA	171053792	Contrib	ution			
To Whom Paid Hilton City Ave.			МО	DAY	YEAR		
Mailing Address 4200 City Av	lailing Address 4200 City Ave			17	2019	\$	1,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191311611	Facility	Rental			

To Whom Paid Minds of Men				DAY	YEAR				
Mailing Address 6715 N Carlisle St Apt 2			12	17	2019	\$	40.00		
City Philadelphia	State PA	Zip Code (Plus 4) 191262764	Description of Expenditure Tickets						
To Whom Paid NGP VAN			МО	DAY	YEAR				
Mailing Address 1101 15th St NW Ste 500			12	2	2019	\$	320.00		
City Washington	State DC	Zip Code (Plus 4) 200055006	Description of Expenditure Admin Support						
To Whom Paid Nina for PA			МО	DAY	YEAR				
Mailing Address PO Box 40681			12	27	2019	\$	250.00		
City Philadelphia	State PA	Zip Code (Plus 4) 191070681	Description of Expenditure Contribution						
Enter Grand Total of Expend	ditures on Page 1, Re	port 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						
Williams for Senate			From:	<u>11/26/2019</u> To:			12/31/2019		
					DATE			Outstar Balance	nding e of Debt
Name of Creditor Chavous Consulting LLC					DAY	YEAR			
Mailing Address 100 S Broad St Ste 2220				2	28	2018	3	\$	24,000.00
City Philadelphia	State	Zip Code (Pl	us 4)	Description of Debt					
, made.p.ma	PA	191101011		Outstanding Debt - Services Rendered 2010 - 2013				d 2010 -	
DATE							Outstanding Balance of Debt		
Name of Creditor Chavous Consulting LLC				МО	DAY	YEAR			
Mailing Address 100 S Broad St Ste 2220			12	31	2019	,	\$	54,000.00	
City Philadelphia	State	Zip Code (Pl	us 4)	Description of Debt					
i made.p.ma	PA	191101011		Services Rendered - April-Dec. 2019					
								PAG	E TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$		78,000.00