

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 20150283		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: Williams for Senate										
Street Address: P.O. Box 6313										
City: Philadelphia			State: PA		Zip Code: 19139					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2019	FILING METHOD () CHECK ONE		PAPER		DISKETTE		<input checked="" type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		11	26	2019	TO	12	31	2019		
A. Amount Brought Forward From Last Report				\$		29,641.17				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		4,298.41				
C. Total Funds Available (Sum Of Lines A and B)				\$		33,939.58				
D. Total Expenditures (From Schedule III)				\$		7,850.18				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		26,089.40				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		78,000.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Williams for Senate	From: <u>11/26/2019</u> To: <u>12/31/2019</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)	\$	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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$	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 Committee or Candidate	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT		
Full Name of Contributor							
Mailing Address	MO	DAY	YEAR			\$	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 Williams for Senate	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
---	--

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

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

PAGE TOTAL
\$ 500.00

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

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Christine M Pasieka					
Mailing Address 1601 3rd Ave 33A	12	6	2019		\$ 2,500.00
City New York State NY Zip Code (Plus 4) 101283416					
Employer Name N/A	Occupation Homemaker				
Employer Mailing Address/Principal Place of Business 1601 3rd Ave33A	City New York		State NY	Zip Code (Plus 4) 101283416	

Full Name of Contributor	MO	DAY	YEAR		
Anthony Williams					
Mailing Address 5939 Cobbs Creek Pkwy	12	6	2019		\$ 800.00
City Philadelphia State PA Zip Code (Plus 4) 191433025					
Employer Name Commonwealth of PA	Occupation State Senator				
Employer Mailing Address/Principal Place of Business 2901 Island Ave	City Philadelphia		State PA	Zip Code (Plus 4) 191533013	

Full Name of Contributor	MO	DAY	YEAR		
Anthony Williams					
Mailing Address 5939 Cobbs Creek Pkwy	12	6	2019		\$ 492.00
City Philadelphia State PA Zip Code (Plus 4) 191433025					
Employer Name Commonwealth of PA	Occupation State Senator				
Employer Mailing Address/Principal Place of Business 2901 Island Ave	City Philadelphia		State PA	Zip Code (Plus 4) 191533013	

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

PAGE TOTAL	
\$	3,792.00

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 Candidate Williams for Senate	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
---	--

				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	
TD Bank						
Mailing Address 1701 Rt. 70 East			12	31	2019	\$ 6.41
City Cherry Hill	State NJ	Zip Code (Plus 4) 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 Williams for Senate	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: _____ To: _____

Full Name of Contributor	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL
	\$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Williams for Senate	From <u>11/26/2019</u> To: <u>12/31/2019</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
American Express	12	22	2019	\$ 3,533.31
Mailing Address PO Box 1270				
City Newark				
State NJ				
Zip Code (Plus 4) 071011270				
Description of Expenditure Multiple Campaign Expenses - reim.				
To Whom Paid AT&T	12	13	2019	\$ 79.15
Mailing Address 211 S Akard St				
City Dallas				
State TX				
Zip Code (Plus 4) 752024207				
Description of Expenditure Cell Phone				
To Whom Paid Compass Self Storage - Oregon Ave.	12	2	2019	\$ 127.72
Mailing Address 10 - 12 Oregon Ave				
City Philadelphia				
State PA				
Zip Code (Plus 4) 19148				
Description of Expenditure Storage Fee				
To Whom Paid Democratic State Senate Campaign Committee	12	15	2019	\$ 2,500.00
Mailing Address PO Box 3792				
City Harrisburg				
State PA				
Zip Code (Plus 4) 171053792				
Description of Expenditure Contribution				
To Whom Paid Hilton City Ave.	12	17	2019	\$ 1,000.00
Mailing Address 4200 City Ave				
City Philadelphia				
State PA				
Zip Code (Plus 4) 191311611				
Description of Expenditure Facility Rental				

To Whom Paid Minds of Men			MO	DAY	YEAR	\$	40.00
Mailing Address 6715 N Carlisle St Apt 2			12	17	2019		
City Philadelphia	State PA	Zip Code (Plus 4) 191262764	Description of Expenditure Tickets				
To Whom Paid NGP VAN			MO	DAY	YEAR	\$	320.00
Mailing Address 1101 15th St NW Ste 500			12	2	2019		
City Washington	State DC	Zip Code (Plus 4) 200055006	Description of Expenditure Admin Support				
To Whom Paid Nina for PA			MO	DAY	YEAR	\$	250.00
Mailing Address PO Box 40681			12	27	2019		
City Philadelphia	State PA	Zip Code (Plus 4) 191070681	Description of Expenditure Contribution				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	7,850.18

SCHEDULE IV

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 Williams for Senate			Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>				
					DATE		Outstanding Balance of Debt
Name of Creditor Chavous Consulting LLC			MO	DAY	YEAR		
Mailing Address 100 S Broad St Ste 2220			2	28	2018	\$ 24,000.00	
City Philadelphia	State PA	Zip Code (Plus 4) 191101011	Description of Debt Outstanding Debt - Services Rendered 2010 - 2013				
					DATE		Outstanding Balance of Debt
Name of Creditor Chavous Consulting LLC			MO	DAY	YEAR		
Mailing Address 100 S Broad St Ste 2220			12	31	2019	\$ 54,000.00	
City Philadelphia	State PA	Zip Code (Plus 4) 191101011	Description of Debt Services Rendered - April-Dec. 2019				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL	
						\$ 78,000.00	