# **Campaign Finance Report**

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

| Filer Identificat                               | ion 2020                          | C0313      |                      |         | Repor         |             | CAND                           | IDATE                  | $\checkmark$ | CC          | OMMITTE            | E                      | LOB          | BYIST    |                |
|---|-----------------------------------|------------|----------------------|---------|---------------|-------------|--------------------------------|------------------------|--------------|-------------|--------------------|------------------------|--------------|----------|----------------|
| Number :<br>Name of Filing (                    | Committee, Candid                 | ate or l o | obbvist:             |         | Filed         | -           | WENDELL                        | CRAIC                  | ;            |             |                    |                        |              |          |                |
|   |                                   |            |                      |         |               |             |                                |                        |              |             |                    |                        |              |          |                |
| Street Address:                                 |                                   |            |                      |         |               |             |                                |                        |              |             |                    |                        |              |          |                |
| City:   |                                   |            |                      |         |               |             | State:                         | <b>Zip Code:</b> 19342 |              |             |                    |                        |              |          |                |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY        | 1.         | 2ND FRIDA<br>PRIMARY | Y PRE   | - 2. <b>X</b> |             | DAY<br>MARY                    | POST-                  | POST- 3.     |             |                    | AMENDMENT<br>REPORT?   |              | No       | · •            |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION       | 4.         |                      |         |               | 30 E<br>ELE | DAY<br>CTION                   | POST-                  | POST- 6.     |             |                    | TERMINATION<br>REPORT? |              |          | ° <b>⋎</b>     |
| report type)                                    | ANNUAL REPORT                     | 7.         | <b>Year</b> 2020     |         |               |             | FILING METHOD<br>( ) CHECK ONE |                        |              |             |                    |                        | $\checkmark$ | DISK     | TTE            |
| Name of Office S                                | L<br>Sought by Candidat           | te:        |                      |         |               |             | DATE                           | OF ELE                 | CTI          | ON          | District<br>Number | Office<br>Code         | Par          | ty Code  | County<br>Code |
|   | IVE IN THE GENER                  |            |                      |         |               |             | мо                             | DAY                    | ٢            | EAR         | 160                | STH                    | REP          | ,        | 23             |
| REFRESENTAT.                                    |                                   | AL ASS     |                      |         |               |             | 1                              | 1                      | 3            | 2020        | Ì                  | (SEE INS               | TRUCTI       | ONS FOR  | CODES)         |
| Summary of                                      | Receipts and                      | мо         | DAY                  | YEAR    | 2             |             | мо                             | DAY                    | ١            | (EAR        | FO                 | R OFFIC                | E USE        | ONLY     |                |
| Expenditures                                    | s from:                           |            | 1 1                  | 2       | 020           | ГО          |                                | 5                      | 18           | 2020        |                    |                        |              |          |                |
| A. Amount Bro                                   | ought Forward From                | n Last R   | eport                |         |               |             | \$                             |                        |              | 0.00        | 1                  |                        |              |          |                |
| B. Total Monet                                  | ary Contributions                 | And Rec    | eipts (Fron          | 1 Sche  | dule I)       |             | \$                             |                        |              | 0.00        |                    |                        |              |          |                |
| C. Total Funds Available (Sum Of Lines A and B) |                                   |            |                      |         |               |             | \$                             |                        |              | 0.00        |                    |                        |              |          |                |
| D. Total Expenditures (From Schedule III)       |                                   |            |                      |         |               | \$          |                                | 1,                     | .016.23      |             |                    |                        |              |          |                |
| E. Ending Cash                                  | n Balance (Subtract               | t Line D   | From Line            | C)      |               |             | \$                             |                        | (1,0         | )16.23)     | -                  |                        |              |          |                |
| F. Value Of In-                                 | Kind Contributions                | s Receive  | ed (From S           | chedu   | le II)        |             | \$                             |                        |              | 0.00        |                    |                        |              |          |                |
| G. Unpaid Deb                                   | ts And Obligations                | (From S    | Schedule IV          | ()      |               |             | \$                             | 0.00                   |              |             |                    |                        |              |          |                |
|   |                                   |            |                      | AFF     | IDAV          | IT S        | ECTION                         |                        |              |             |                    |                        |              |          |                |
| PART I - If this i                              | s a Committee rep                 | ort, trea  | surer sign           | here.   | If this i     | s a Ca      | andidate ı                     | eport,                 | cand         | lidate sig  | gn here.           |                        |              |          |                |
| I swear (or affirm<br>correct and compl         | ) that this report, incl<br>lete. | uding the  | attached sc          | hedule  | s filed or    | ı pape      | er or by elec                  | tronic m               | ediu         | n, are to t | the best of        | my know                | vledge       | and bel  | ief , true     |
| Sworn to and subs                               | scribed before me this<br>day of  | 5          | 20                   |         |               |             |                                |                        |              | Signature   | e of Person        | Submitt                | ing Rep      | oort     |                |
|   | Signatu                           | re         |                      |         |               | _           |                                |                        |              |             | Print              | ed Name                |              |          |                |
| My Commission E                                 | _                                 |            |                      |         |               |             |                                |                        |              |             | Emai               | 1                      |              |          |                |
|   | мо                                | DA         | AY                   | YR      |               |             |                                | Ar                     | ea Co        | ode         | Daytime            | e Teleph               | one Nu       | mber     |                |
| Part II- If this is                             | a report of a cand                | didate's   | authorized           | Comm    | nittee, (     | Candi       | idate shal                     | l sign h               | ere.         |             |                    |                        | _            | _        |                |
| I swear (or affirm)<br>No 320) as amend         | ) that to the best of n<br>ed.    | ny knowle  | edge and beli        | ef this | politica      | l com       | mittee has                     | not viola              | ted a        | iny provis  | ions of the        | act of Ju              | ine 3,1      | 937 (P.I | 1333,          |
| Sworn to and subse                              | cribed before me this             |            |                      |         |               |             |                                |                        |              | s           | ignature o         | f Candida              | ite          |          |                |
|   | day of<br>                        |            |                      |         |               | _           |                                |                        |              |             | Printe             | d Name                 |              |          |                |
|   | Signature                         |            |                      |         |               | _           |                                |                        |              |             |                    |                        |              |          |                |
| My Commission Exp                               | pires                             |            |                      |         |               |             |                                |                        |              |             | Emai               | I                      |              |          |                |
|   | МО                                | D/         | AY.                  | YR      | 1             | _           |                                | Area                   | Code         |             | Da                 | ytime Te               | elephor      | e Numb   | ber            |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WILLIAMS, WENDELL CRAIG From: <u>1/1/2020</u> **To:** 5/18/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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  |       |                  |    | мо               | DAY  | YEAR |    |            |  |  |
| Mailing Address  |       |                  |    |                  |      |      | \$ | 0.00       |  |  |
| City   | State | Zip Code (Plus 4 | 4) |                  |      |      |    |            |  |  |
|  |       |                  |    |                  |      |      |    | PAGE TOTAL |  |  |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. |       |                  |    |                  |      |      |    | 0.00       |  |  |

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                  |          |    |      |           |    |            |  |  |
|---|-------|------------------|----------|----|------|-----------|----|------------|--|--|
| Name of Filing Committee or Candidate Reporting Period  |       |                  |          |    |      |           |    |            |  |  |
|   |       |                  | From: To |    |      | <b>D:</b> |    |            |  |  |
|   |       |                  |          |    | DATE |           |    | AMOUNT     |  |  |
| Full Name of Contributor  |       |                  |          | мо | DAY  | YEAR      |    |            |  |  |
| Mailing Address   | _     | _                |          |    |      |           | \$ | 0.00       |  |  |
| City  | State | Zip Code (Plus 4 | )        |    |      |           |    |            |  |  |
|   |       |                  |          |    |      |           |    | PAGE TOTAL |  |  |
| Enter Grand Total of Part A on  | \$    | 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  | Reporting Period |     |      |      |            |  |
|--|-------|---------|------------|------------------|-----|------|------|------------|--|
|  |       |         | From:      |                  |     | То:  |      |            |  |
|  |       |         |            | DA               | TE  |      | A    | MOUNT      |  |
| Full Name of Contributing Committee  |       |         |            | мо               | DAY | YEAR |      | 0.0        |  |
| Mailing Address  |       |         |            |                  |     |      | - \$ | 0.0        |  |
| City   | State | Zip Cod | e (Plus 4) |                  |     |      |      |            |  |
|  |       |         |            |                  |     |      |      |            |  |
|  |       |         |            |                  |     |      |      | PAGE TOTAL |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |       |         |            |                  |     |      | \$   | 0.00       |  |

## 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  |                |              |       | Reporting Period |       |      |                              |            |  |  |
|--|----------------|--------------|-------|------------------|-------|------|------------------------------|------------|--|--|
| From:  |                |              |       | n: To:           |       |      |                              |            |  |  |
|  |                |              |       | D                | IOUNT |      |                              |            |  |  |
| Full Name of Contributor   |                |              |       | мо               | DAY   | YEAR | \$                           | 0.00       |  |  |
| Mailing Address  |                |              |       |                  |       |      |                              |            |  |  |
| City   | State          | Zip Code (Pl | ıs 4) |                  |       |      |                              |            |  |  |
| Employer Name  |                |              |       | Occupation       |       |      |                              |            |  |  |
| Employer Mailing Address/Principal Plac                                      | ce of Business | City         |       | •                | State |      | Zip Code                     | e (Plus 4) |  |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |                |              |       |                  |       |      | <b>PAGE TOTAL</b><br>\$ 0.00 |            |  |  |

## 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  |       |            | Reporting Period |        |     |      |    |         |      |  |
|--|-------|------------|------------------|--------|-----|------|----|---------|------|--|
|  |       |            |                  | m: To: |     |      |    |         |      |  |
|  |       |            |                  | D      | ATE |      |    | AMOUNT  |      |  |
| Full Name  |       |            |                  | мо     | DAY | YEAR | \$ |         | 0.00 |  |
| Mailing Address  |       |            |                  |        |     |      |    |         |      |  |
| City   | State | Zip Code ( | Plus 4)          |        |     |      |    |         |      |  |
| Receipt Description  | ·     | •          |                  |        |     |      | •  |         |      |  |
|  |       |            |                  |        |     |      |    | PAGE TO | TAL  |  |
| Enter Grand Total of Part E on Schedule I, Detailed 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, WENDELL CRAIG   | From:            | <u>1/1/2020</u> <b>To:</b> | <u>5/18/2020</u> |  |  |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR   |                  |                            |                  |  |  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe  | riod (1)         | \$                         | 0.00             |  |  |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | T F)             |                            |                  |  |  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe  | riod (2)         | \$                         | 0.00             |  |  |  |  |  |  |  |  |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                            |                  |  |  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe  | riod (3)         | \$                         | 0.00             |  |  |  |  |  |  |  |  |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                         | 0.00             |  |  |  |  |  |  |  |  |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate R   |       |                   | Reporting | Period | ·    |             |            |      |  |  |  |  |  |
|---|-------|-------------------|-----------|--------|------|-------------|------------|------|--|--|--|--|--|
|   |       |                   |           | From:  |      |             | То:        |      |  |  |  |  |  |
|   | DATE  |                   |           | AMOUNT |      |             |            |      |  |  |  |  |  |
| Full Name of Contributor  |       |                   |           | DAY    | YEAR |             |            |      |  |  |  |  |  |
| Mailing Address   |       | _                 |           |        |      | <b>7</b> \$ |            | 0.00 |  |  |  |  |  |
| City  | State | Zip Code (Plus 4) |           |        |      |             |            |      |  |  |  |  |  |
| Description of Contribution:  |       |                   | 1         |        |      |             |            |      |  |  |  |  |  |
| 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  | Name of Filing Committee or Candidate |                  |       |        | Reporting Period |                           |                       |  |  |  |  |
|--|---------------------------------------|------------------|-------|--------|------------------|---------------------------|-----------------------|--|--|--|--|
|  |                                       |                  |       | From:  |                  |                           |                       |  |  |  |  |
|  |                                       |                  |       |        | DATE             |                           | AMOUNT                |  |  |  |  |
| Full Name of Contributor   |                                       |                  |       | мо     | DAY              | YEAR                      |                       |  |  |  |  |
| Mailing Address  |                                       |                  |       |        |                  |                           | <b>\$</b> 0.00        |  |  |  |  |
| City   | State                                 | Zip Code(Plus 4) |       |        |                  |                           |                       |  |  |  |  |
| Employer of Contributor  |                                       | •                |       | Occupa | tion             |                           | •                     |  |  |  |  |
| Employer Mailing Address/Principal Plac  | e of Business C                       | lity             | State | e Zip  | Code(Plus 4)     | Descri                    | ption of Contribution |  |  |  |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed<br>Summary Page, Section 3. |                                       |                  |       |        |                  | <b>PAGE TOTAL</b><br>0.00 |                       |  |  |  |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or C           | andidate              |                         | Reporti                    | Reporting Period           |               |          |                  |  |  |  |
|---|-----------------------|-------------------------|----------------------------|----------------------------|---------------|----------|------------------|--|--|--|
| WILLIAMS, WENDELL CRAIG                 |                       |                         | From                       | <u>1/:</u>                 | <u>1/2020</u> | То:      | <u>5/18/2020</u> |  |  |  |
|   |                       |                         |                            | DATE                       |               | AMOUNT   |                  |  |  |  |
| To Whom Paid                            |                       |                         | мо                         | DAY                        | YEAR          |          |                  |  |  |  |
| Craig Williams                          |                       |                         |                            |                            |               |          |                  |  |  |  |
| Mailing Address 61 Running Brook Road   |                       |                         | 5                          | 10                         | 2020          | \$       | 206.70           |  |  |  |
| City Glen Mills State Zip Code (Plus 4) |                       |                         |                            | Description of Expenditure |               |          |                  |  |  |  |
| PA 19342                                |                       |                         |                            | rse Palm C                 | ards-Mu       | nro-chec | :k #106          |  |  |  |
| To Whom Paid                            |                       |                         | мо                         | DAY                        | YEAR          |          |                  |  |  |  |
| Craig Williams                          |                       |                         |                            |                            |               |          |                  |  |  |  |
| Mailing Address 61 Running              | Brook Road            |                         | 2                          | 3                          | 2020          | \$       | 500.00           |  |  |  |
| City Glen Mills                         | State                 | Zip Code (Plus 4)       | Description of Expenditure |                            |               |          |                  |  |  |  |
|   | PA                    | 19342                   | Open C                     | ampaign A                  | ccount-T      | D Bank   |                  |  |  |  |
| To Whom Paid                            |                       |                         | мо                         | DAY                        | YEAR          |          |                  |  |  |  |
| Craig Williams                          |                       |                         |                            |                            |               |          |                  |  |  |  |
| Mailing Address 61 Running              | Brook Road            |                         | 5                          | 18                         | 2020          | \$       | 309.53           |  |  |  |
| City Glen Mills                         | State                 | Zip Code (Plus 4)       | Descrip                    | tion of Exp                | enditure      | •        |                  |  |  |  |
| PA 19342                                |                       |                         |                            | (Palm Card                 | ds, Head      | shots, P | arking)          |  |  |  |
|   |                       |                         |                            |                            |               |          | PAGE TOTAL       |  |  |  |
| Enter Grand Total of Expend             | ditures on Page 1, Re | port Cover Page, Item D | ).                         |                            |               | \$       | 1,016.23         |  |  |  |