

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 PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2020	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	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	19	2020		6	22	2020				
A. Amount Brought Forward From Last Report						\$ 30,742.47						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 5,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 36,242.47						
D. Total Expenditures (From Schedule III)						\$ 3,077.26						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 33,165.21						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 96,000.00						

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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>5/19/2020</u> To: <u>6/22/2020</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)	\$ 5,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 5,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 5,500.00
---	-------------

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	Reporting Period
	From: To:

DATE	AMOUNT
------	--------

Full Name of Contributing Committee	MO	DAY	YEAR	\$0.00
Mailing Address				
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: <u>5/19/2020</u> To: <u>6/22/2020</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	5,000.00
District Council 21 PAC									
Mailing Address					5	26	2020		
2980 Southampton Rd									
City	Philadelphia		State	PA		Zip Code (Plus 4)	191541202		

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

PAGE TOTAL
\$ 5,000.00

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>5/19/2020</u> To: <u>6/22/2020</u>
---	--

			DATE	AMOUNT			
Full Name of Contributor	MO	DAY	YEAR				
K&L Gates LLP				\$ 500.00			
Mailing Address 210 6th Ave Ste 1100	6	2	2020				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">City Pittsburgh</td> <td style="width: 20%; border: none;">State PA</td> <td style="width: 50%; border: none;">Zip Code (Plus 4) 152222613</td> </tr> </table>	City Pittsburgh	State PA	Zip Code (Plus 4) 152222613				
City Pittsburgh	State PA	Zip Code (Plus 4) 152222613					
Employer Name	Occupation						
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)			

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

PAGE TOTAL
\$ 500.00

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
	From: To:

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

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

PAGE TOTAL	
\$	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>5/19/2020</u> To: <u>6/22/2020</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:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
American Express				
Mailing Address PO Box 1270	5	20	2020	\$ 568.73
City Newark	State NJ	Zip Code (Plus 4) 071011270	Description of Expenditure Multiple Campaign Expenses - reim.	
To Whom Paid	MO	DAY	YEAR	
American Express				
Mailing Address PO Box 1270	6	21	2020	\$ 944.12
City Newark	State NJ	Zip Code (Plus 4) 071011270	Description of Expenditure Multiple Campaign Expenses - reim.	
To Whom Paid	MO	DAY	YEAR	
AT&T				
Mailing Address 211 S Akard St	6	15	2020	\$ 104.81
City Dallas	State TX	Zip Code (Plus 4) 752024207	Description of Expenditure Cell Phone - reim.	
To Whom Paid	MO	DAY	YEAR	
Committee to Elect Darisha K. Parker				
Mailing Address 7715 Crittenden St Ste 390	5	31	2020	\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 191184473	Description of Expenditure Contribution	
To Whom Paid	MO	DAY	YEAR	
Compass Self Storage - Oregon Ave.				
Mailing Address 10 - 12 Oregon Ave	6	2	2020	\$ 139.60
City Philadelphia	State PA	Zip Code (Plus 4) 19148	Description of Expenditure Storage Fee	
To Whom Paid	MO	DAY	YEAR	
NGP VAN				
Mailing Address 1101 15th St NW Ste 500	6	2	2020	\$ 320.00
City Washington	State DC	Zip Code (Plus 4) 200055006	Description of Expenditure Admin Support	

To Whom Paid Slater Funeral Home			MO	DAY	YEAR	\$ 500.00
Mailing Address 1426 Fitzwater St # 32			5	23	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191462228	Description of Expenditure Funeral Expenses			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3,077.26

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>5/19/2020</u> To: <u>6/22/2020</u>
---	--

			DATE	Outstanding Balance of Debt		
Name of Creditor Chavous Consulting LLC			MO	DAY	YEAR	\$ 24,000.00
Mailing Address 100 S Broad St Ste 2220			2	28	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 191101011	Description of Debt Outstanding Debt - Services Rendered 2010 - 2013			
Name of Creditor Chavous Consulting LLC			MO	DAY	YEAR	\$ 72,000.00
Mailing Address 100 S Broad St Ste 2220			5	6	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 191101011	Description of Debt Services Rendered - July 2019 - June 2020			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 96,000.00