#### **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 :								CAND	DATE		СОМ	1ITTEE	<b>√</b>	LOB	BYIST		
Name of Filing Committee, Candidate or Lobbyist:						ams	for S	Senate									
Street Address:	P.O. Box 6313	3															
City:	Philadelphia							State:	PA			Zip Cod	<b>ie:</b> 19	139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	No	<b>~</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY	/ PRE	Ē- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	<b>\</b>	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020					NG METH CHECK O				PAPER			DISKE	TTE 🗸	
Name of Office S	Sought by Candida	te:			•			DATE (	)F ELE	CTIC	N N	District Number	Office Code	Par	ty Code	County Code	
	, , , , , , , , , , , , , , , , , , ,							MO DAY YEAR								Code	
								11		3	2020		(SEE IN	STRUCTI	ONS FOR O	CODES)	
	Receipts and	МО	DAY	YEAR	2			МО	DAY	YI	EAR	FO	R OFFI	E USE	ONLY		
Expenditures	spenditures from: 5 19					Т	0	6	5	22	2020						
A. Amount Bro	A. Amount Brought Forward From Last Report						\$			30,	742.47						
B. Total Monet	B. Total Monetary Contributions And Receipts (From Sch						\$ 5,500.00										
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			36,2	242.47						
D. Total Expend	ditures (From Sch	edule II	I)				\$			3,0	77.26						
E. Ending Cash	Balance (Subtract	t Line D	From Line C	<b>C)</b>			\$			33,1	.65.21						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sc	hedu	le II	)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$			96,0	00.00			•			
				AFF	IDA	VI	T SE	CTION									
	s a Committee rep	-	_								_						
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	edule	s filed	l on	paper	or by elec	tronic m	edium	, are to t	he best o	f my knov	wledge	and belie	ef , true	
Sworn to and subs	cribed before me this day of	i	20							9	Signature	of Perso	n Submit	ing Re	oort		
	Signatu	ra					- -					Prin	ted Name				
My Commission Ex	_											Ema	il				
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	n here.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	comm	ittee has ı	not viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this										Si	Signature of Candidate					
	day of —— ————						-					Printe	d Name				
	Signature						-						:				
My Commission Exp	ires						_					Ema					
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephor	ne Numb	er	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Williams for Senate	From:	5/19/20	<u>20</u> To:	6/22/2020
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	5,500.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE 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 Fining Committee of Candidate				Reporting Period  From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Pe	riod		
Williams for Senate	From:	5/19/2020	То:	6/22/2020

DATE AMOUNT

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

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

**PAGE TOTAL \$** 5,000.00

### 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				Fror	n:	<u>5/19/2</u>	<u>020</u> To	:	6/22/2020
					D/	ATE		Α	MOUNT
Full Name of Contributor K&L Gates LLP					мо	DAY	YEAR		
Mailing 210 6th Ave Ste 11	00							\$	500.00
City Pittsburgh	State	Zi	ip Code (Plus	(4)	6	2	2020		
Treesouright	PA	1!	52222613						
Employer Name	•	·			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ace of		City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	mary Page,	Section	on 3.			ı	PAGE TOTAL
							4	;	500.00

## 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		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·			•	•	·	
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page	Section	4				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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 Pe	riod	
Williams for Senate	From:	<u>5/19/2020</u> <b>To:</b>	6/22/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUT	OR	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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	late		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	Schedule II. In-Kir	nd Contributions Deta	iled Sum	mary Pag	ae. F		PAGE TOTAL
Section 2.				,;	,-,	\$	
1						Ψ	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
Williams for Senate			From	<u>5/19</u>	9/2020	То:	6/22/2020
				DATE			AMOUNT
<b>To Whom Paid</b> American Express			мо	DAY	YEAR		
Mailing Address PO Box 1270	)		5	20	2020	\$	568.73
City Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	NJ	071011270		e Campaig			
<b>To Whom Paid</b> American Express			МО	DAY	YEAR		
Mailing Address PO Box 1270	10 B0x 1270					\$	944.12
City Newark	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>		
NJ 071011270				e Campaig			
<b>To Whom Paid</b> AT&T			мо	DAY	YEAR		
Mailing Address 211 S Akard	St		6	15	2020	\$	104.81
City Dallas	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure	:	
- 51100	TX	752024207	Description of Expenditure  Cell Phone - reim.				
<b>To Whom Paid</b> Committee to Elect Darisha K. F	Parker		МО	DAY	YEAR		
Mailing Address 7715 Critten	nden St Ste 390		5	31	2020	\$	500.00
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrir	tion of Exp	enditure	<u> </u>	
Типаасіріна	PA	191184473	Contrib	-			
To Whom Paid Compass Self Storage - Oregon	Ave.	,	МО	DAY	YEAR		
Mailing Address 10 - 12 Oreg	gon Ave		6	2	2020	\$ \$	139.60
ty Philadelphia State Zip Code (Plus 4)				tion of Exp	enditure	<u> </u>	

19148

Storage Fee

PA

To Whom Paid NGP VAN			мо	DAY	YEAR			
Mailing Address 1101 15th St NW Ste 500			6	2	2020	\$	320.00	
<b>City</b> Washington	State DC	<b>Zip Code (Plus 4)</b> 200055006	Description of Expenditure Admin Support					
To Whom Paid Slater Funeral Home			мо	DAY	YEAR			
Mailing Address 1426 Fitzwater St # 32			5	23	2020	\$	500.00	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191462228	Description of Expenditure Funeral Expenses					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Lines Grand Poter of Expenditures on Fage 1, report cover Page, Item D.						\$	3,077.26	

## 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>5</u>	5/19/2020	To:		6/22/2020
					DATE			Outstanding Balance of Debt
Name of Creditor Chavous Consulting LLC				МО	DAY	YEAR		
Mailing Address 100 S Broad St Ste 2220					28	2018	3	\$ 24,000.00
City Philadelphia	Philadelphia State Zip Code (Plus 4) Description of Debt							
Timadelpina	PA	191101011		Outstanding Debt - Services Rendered 2010 - 2013				Rendered 2010 -
					DATE			Outstanding Balance of Debt
Name of Creditor Chavous Consulting LLC					DAY	YEAR		
Mailing Address 100 S Broad St Ste 2220				5	6	2019	,	\$ 72,000.00
City Philadelphia	State	Zip Code (Pl	us 4)	Description of Debt				
T made.pma	PA	191101011		Services Rendered - July 2019 - June 2020				
								PAGE TOTAL
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	ı G.			\$	96,000.00