

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. <input checked="" type="checkbox"/>	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.	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	TO	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
 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>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
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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				\$ 0.00
Mailing Address	MO	DAY	YEAR	
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>5/19/2020</u> To: <u>6/22/2020</u>
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	DATE		AMOUNT
Full Name of Contributing Committee District Council 21 PAC	MO	DAY	YEAR
Mailing Address 2980 Southampton Rd	5	26	2020
City Philadelphia			
State PA			
Zip Code (Plus 4) 191541202			
			\$ 5,000.00

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>
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			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
K&L Gates LLP				
Mailing Address 210 6th Ave Ste 1100				\$ 500.00
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		
Mailing Address				\$	0.00
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 Williams for Senate	Reporting Period 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	
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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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	5	20	2020	\$ 568.73
Mailing Address PO Box 1270				
City Newark	State NJ	Zip Code (Plus 4) 071011270	Description of Expenditure Multiple Campaign Expenses - reim.	
To Whom Paid American Express	6	21	2020	\$ 944.12
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	6	15	2020	\$ 104.81
Mailing Address 211 S Akard St				
City Dallas	State TX	Zip Code (Plus 4) 752024207	Description of Expenditure Cell Phone - reim.	
To Whom Paid Committee to Elect Darisha K. Parker	5	31	2020	\$ 500.00
Mailing Address 7715 Crittenden St Ste 390				
City Philadelphia	State PA	Zip Code (Plus 4) 191184473	Description of Expenditure Contribution	
To Whom Paid Compass Self Storage - Oregon Ave.	6	2	2020	\$ 139.60
Mailing Address 10 - 12 Oregon Ave				
City Philadelphia	State PA	Zip Code (Plus 4) 19148	Description of Expenditure Storage Fee	

To Whom Paid NGP VAN			MO	DAY	YEAR	
Mailing Address 1101 15th St NW Ste 500			6	2	2020	
City Washington	State DC	Zip Code (Plus 4) 200055006	Description of Expenditure Admin Support			
To Whom Paid Slater Funeral Home			MO	DAY	YEAR	
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		
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			5	6	2019	\$ 72,000.00	
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	