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 :	on 2015	0283			Repor		CA	WDI	DATE		COM	AITTEE	Y	LUBI	51151	
Name of Filing C	ommittee, Candida	ate or L	obbyist:	Ì	William	ns for	Senat	te								
Street Address:	P.O. Box 6313	3														
City:	Philadelphia						Stat	e:	PA			Zip Co	de: 19	9139		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D PRIM		F	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D	AY TION	F	POST-	6. X		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7.	Year 2020				NG MI					PAPER		M	DISKE	TTE
Name of Office S	ought by Candidat	e:	-		-		DAT	ΓΕ Ο	F ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY		AR					
								11		3	2020		(SEE IN	STRUCTI	ONS FOR C	ODES)
Summary of Expenditures	Receipts and from:	МО	DAY	YEAR		го	МО		DAY		EAR	FC	R OFFI	CE USE	ONLY	
-			10 20	20	020			11	2	23	2020					
	ught Forward Fron		-			\$					000.00					
	ary Contributions A			n Sched	auie 1)	+										
	Available (Sum Of					\$					916.39					
-	ditures (From Sche					\$					599.30					
	Balance (Subtract Kind Contributions				o II)	\$				//,3	317.09					
	s And Obligations				e 11)	\$				78 C	0.00					
					TD 41/			ON.		, 0,0	700100	l				
PART I - If this is	s a Committee repo	ort trea	surer sian		IDAV				enort c	andi	date sic	ın here				
	that this report, incl		_						-		_		f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this									S	Signature	of Perso	n Submit	ting Rep	ort	
	day of — ———					_										
	Signatu	·e				_						Prin	ted Name	•		
My Commission Ex	xpires MO	D	AY	YR		_			Δτε	a Cod	le .	Ema	il ne Teleph	one Nu	mher	
Part II- If this is	a report of a cand				ittee (Candio	late s	hall				Dayeni	е тегері	ione itu	ilibei	
	that to the best of m				•						y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed before me this										s	ignature	of Candid	ate		— I
	day of —— ————					_						Drinte	d Name			
	Signature					_						Printe	ed Name			
My Commission Exp	_											Ema	il			
	МО	D	AY	YR		_			Area	Code		D	aytime T	elephor	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -					
Name of Filing Committee or Candidate	Reporting Period				
Williams for Senate	From:	10/20/202	<u>0</u> To:	11/23/2020	
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)			\$	41,250.00	
All Other Contributions (Part D)			\$	1,750.00	
TOTAL for the Reporting) Period	(3)	\$	43,000.00	
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)					
TOTAL for the Reporting	J 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			\$	43,000.00	

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		Reporting 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 Filling 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)					

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	ame of Filing Committee or Candidate Rep							
Williams for Senate			From:	10/2	0/2020	То:	11/23/2020	
				DA	TE		АМО	DUNT
Full Name of Contributing Committee District Council 21 PAC				МО	DAY	YEAR		
Mailing Address 2980 Southampton F	Rd						\$	10,000.00
City Philadelphia	State	Zip Code	e (Plus 4)	11	10	2020		
,	PA	191541	202					
Full Name of Contributing Committee				мо	DAY	YEAR		
Excellent Schools PA				140		ILAK		
Mailing Address 5070 Parkside Ave S	Ste 3301						\$	5,000.00
City Philadelphia	State	Zip Code	e (Plus 4)	11	9	2020		
	PA	191314	748					
Full Name of Contributing Committee				мо	DAY	YEAR		
Friends of Sharif Street				1.10	J			
Mailing Address 1621 W Jefferson St							\$	2,500.00
City Philadelphia	State	Zip Code	e (Plus 4)	10	28	2020		
	PA	191214	296					
Full Name of Contributing Committee		-		мо	DAY	YEAR		
Local Union #98 I.B.E.W. Committee or	n Political Education			140	5 /11			
Mailing Address 1719 Spring Garden	St						\$	20,000.00
City Philadelphia	State	Zip Code	e (Plus 4)	10	28	2020		
	PA	191303	915					
Full Name of Contributing Committee				мо	DAY	YEAR		
OneMain Holdings Inc. PAC								
Mailing Address 601 NW 2nd St							\$	750.00
City Evansville	State	Zip Code	e (Plus 4)	11	9	2020		
	IN	477081	013					

Full Name of Contributing Comm					YEAR	
Mailing Address 105 N Front St						\$ 1,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 171011483	11	9	2020	
Full Name of Contributing Comm United Health Group	iittee	1	МО	DAY	YEAR	
		'	мо 10	DAY 28	YEAR 2020	\$ 2,000.00

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

PAGE TOTAL \$ 41,250.00

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.)

	lame of Filing Committee or Candidate				Reporting Period						
Williams for Sen	ate			Fron	n:	10/20	/20) <u>20</u> To	<u>11/23/20</u>		23/2020
					D/	ATE				AMOUN	NT
Full Name of Cont Robert McKinley	tributor				МО	DAY		YEAR			
Mailing Address 110 Dogwood Dr State Zin Code (Plus								\$		750.00	
City Mebane State Zip Code (Plu			i 4)	11		9	2020				
		NC	273029611								
Employer Name Lendmark Financial Services					Occupat	tion	S	r. VP - (Govt.	Affairs	
Employer Mailing Business	Address/Principal Place	e of	City		State				Zip Code (Plus 4)		
Business 1441 University DrSte A Burlington			n	NC				272158795			
			<u> </u>			ı					
Full Name of Cont			1 -		МО	DAY		YEAR			
			1 -			DAY			\$		1,000.00
Michael Conallen Mailing Address		State	Zip Code (Plus	s 4)	MO	DAY	9	YEAR 2020	\$		1,000.00
Michael Conallen Mailing Address		State PA		s 4)		DAY	9		\$		1,000.00
Michael Conallen Mailing Address		PA	Zip Code (Plus	s 4)						Operati	
Mailing Address City Yardley Employer Name	53 N Homestead Dr	PA regic Partners	Zip Code (Plus	s 4)	11			2020	of PA	Operati	ions
Mailing Address City Yardley Employer Name	53 N Homestead Dr Common Wealth Strat	PA regic Partners	Zip Code (Plus 190673242		11	tion		2020	of PA		ions us 4)

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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
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 T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Peri	od	
Williams for Senate	From:	<u>10/20/2020</u> To:	11/23/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	₹	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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	ate		Reporting Period				
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					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 Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
Williams for Senate			From	10/20	0/2020	То:	11/23/2020
				DATE			AMOUNT
To Whom Paid American Express			МО	DAY	YEAR		
Mailing Address PO Box 127	70		10	20	2020	\$	583.52
City Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	NJ 071011270					es - reim.	
To Whom Paid American Express	МО	DAY	YEAR				
Mailing Address PO Box 127	ing Address PO Box 1270				2020	\$	400.72
City Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	ι	071011270	Multiple	e Campaig	n Expens	es - reim.	
To Whom Paid AT&T			МО	DAY	YEAR		
Mailing Address 211 S Akard	d St		11	16	2020	\$	105.34
City Dallas	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
	TX	752024207	Description of Expenditure Cell Phone				
To Whom Paid Chavous Consulting LLC	•		МО	DAY	YEAR		
Mailing Address 100 S Broad	d St Ste 2220		11	12	2020	\$	6,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
·	PA	191101011	Service	s Rendere	d- Jan. 2	020	
To Whom Paid Commitee To Elect Jim Brewsto	er	·	МО	DAY	YEAR		
Mailing Address 455 29th St			10	28	2020	\$ \$	2,000.00
City McKeesport	State	Zip Code (Plus 4)	Descri	tion of Exp	enditure		
rickeespore		^					

151327116

Contribution

PA

						PAGE 13		
To Whom Paid Compass Self Storage - Oregon Ave.	мо	DAY	YEAR					
Mailing Address 10 - 12 Oregon Ave			10	2020	\$	153.64		
City Philadelphia State PA	elphia			Description of Expenditure Storage Fee				
To Whom Paid Family and Friends of Janet Diaz			DAY	YEAR				
Mailing Address 1653 Lititz Pike # 207			28	2020	\$	2,000.00		
City Lancaster State PA	Zip Code (Plus 4) 176016507	Description of Expenditure Contribution						
To Whom Paid Friends of Pam Iovino		мо	DAY	YEAR				
Mailing Address PO Box 14532		10	28	2020	\$	2,000.00		
City Pittsburgh State PA	Zip Code (Plus 4) 152340532	Description of Expenditure Contribution						
To Whom Paid George Scott for PA 15		МО	DAY	YEAR				
Mailing Address PO Box 1063								
Mailing Address PO Box 1063		10	28	2020	\$	2,000.00		
Mailing Address PO Box 1063 City Harrisburg State PA	Zip Code (Plus 4) 171081063		tion of Exp			2,000.00		
City Harrisburg State		Descrip	tion of Exp			2,000.00		
City Harrisburg State PA To Whom Paid		Descrip Contrib	otion of Exp ution	penditure		2,000.00		
City Harrisburg State PA To Whom Paid Integrity Christian Center		Descrip Contrib MO	DAY 5 Stion of Exp	YEAR 2020	\$			
City Harrisburg State PA To Whom Paid Integrity Christian Center Mailing Address 318 Central Ave City Chester State	171081063 Zip Code (Plus 4)	Descrip Contrib MO 11 Descrip	DAY 5 Stion of Exp	YEAR 2020	\$			
City Harrisburg To Whom Paid Integrity Christian Center Mailing Address 318 Central Ave City Chester State PA To Whom Paid	171081063 Zip Code (Plus 4)	MO 11 Descrip Facility	DAY 5 Stion of Exp Rental	YEAR 2020 Denditure	\$			

To Whom Paid									
Milan Morris	МО	DAY	YEAR						
Mailing Address 2308 N 51st St			11	12	2020	\$	425.00		
City Philadelphia	State Zip Code (Plus 4) PA 191312411			Description of Expenditure Services Rendered- July-Sept. 2020					
To Whom Paid Muslims 4 Humanity			МО	DAY	YEAR				
Mailing Address 1031 S 60th St			10	27	2020	\$	400.00		
City Philadelphia	State PA	Zip Code (Plus 4) 191432342	Description of Expenditure Flyer Distribution						
To Whom Paid NGP VAN			мо	DAY	YEAR				
Mailing Address 1101 15th St NW Ste 500			11	2	2020	\$	320.00		
City Washington	State	Zip Code (Plus 4)	Description of Expenditure Admin Support						
-	DC	200055006	Admin	Support					
To Whom Paid Anthony Williams	DC	200055006	Admin	DAY	YEAR				
To Whom Paid Anthony Williams	DC Dbs Creek Pkwy	200055006			YEAR 2020	\$	525.00		
To Whom Paid Anthony Williams		Zip Code (Plus 4) 191433025	MO 10 Descrip	DAY	2020 enditure		525.00		
To Whom Paid Anthony Williams Mailing Address 5939 Co	obs Creek Pkwy	Zip Code (Plus 4)	MO 10 Descrip	DAY 22 Otion of Exp	2020 enditure		525.00		
To Whom Paid Anthony Williams Mailing Address 5939 Co City Philadelphia To Whom Paid Anthony Williams	obs Creek Pkwy	Zip Code (Plus 4)	MO 10 Descrip Multiple	DAY 22 otion of Expectation Company	2020 enditure		525.00 311.08		
To Whom Paid Anthony Williams Mailing Address 5939 Co City Philadelphia To Whom Paid Anthony Williams	obs Creek Pkwy State PA	Zip Code (Plus 4)	MO 10 Descrip Multiple MO 11 Descrip	DAY 22 ption of Expect Campaign DAY	2020 penditure n Expenso YEAR 2020 penditure	es - reim.			
To Whom Paid Anthony Williams Mailing Address 5939 Co City Philadelphia To Whom Paid Anthony Williams Mailing Address 5939 Co	obs Creek Pkwy State PA obs Creek Pkwy State	Zip Code (Plus 4) 191433025 Zip Code (Plus 4)	MO 10 Descrip Multiple MO 11 Descrip	DAY 22 otion of Exp a Campaign DAY 18	2020 penditure n Expenso YEAR 2020 penditure	es - reim.			
To Whom Paid Anthony Williams Mailing Address 5939 Co City Philadelphia To Whom Paid Anthony Williams Mailing Address 5939 Co City Philadelphia To Whom Paid Wright	obs Creek Pkwy State PA obs Creek Pkwy State	Zip Code (Plus 4) 191433025 Zip Code (Plus 4)	MO 10 Descrip Multiple MO 11 Descrip Multiple	DAY 22 Potion of Experience Campaign DAY 18 Potion of Experience Campaign	2020 Penditure The Expense YEAR 2020 Penditure The Expense	es - reim.			

To Whom Paid Paula Wright			МО	DAY	YEAR			
Mailing Address 6113 Cobbs Creek Pkwy			11	18	2020	\$	875.00	
City Philadelphia State Zip Code (Plus 4) PA 191432908				Description of Expenditure Services Rendered- JanSept. 2020				
To Whom Paid Yeadon Democratic Committee			мо	DAY	YEAR			
Mailing Address 943 Church Ln			11	2	2020	\$	500.00	
City Yeadon	State PA	Zip Code (Plus 4) 190503725	Description of Expenditure Contribution					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Enter Grand Total of Expenditures	on raye I, Kep	oit Cover Fage, Item D.	•			\$	21,599.30	

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 Repor			Reporti	orting Period					
Williams for Senate			From:	<u>10</u>)/20/2020	То:		11/23/2020	
					DATE			Outstanding Balance of Debt	
Name of Creditor Chavous Consulting LLC			МО	DAY	YEAR				
Mailing Address 100 S Broad St Ste 2220			2	28	2018	3	\$ 24,000.00		
City Philadelphia State Zip Code (Plus 4)			ıs 4)	Description of Debt					
, i	PA	191101011		Outstanding Debt - Serv 2013				ices Rendered 2010 -	
			DATE				Outstanding Balance of Debt		
Name of Creditor Chavous Consulting LLC				МО	DAY	YEAR			
Mailing Address 100 S Broad St Ste 2220			5	6	2019	, ,	\$ 54,000.00		
City Philadelphia	State	Zip Code (Pl	us 4)	Description of Debt					
1 Timadelprina					Services Rendered -February - October 2020				
		•						PAGE TOTAL	
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	78,000.00	