#### **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 2021	0086			Rep File			CAI	NDI	DATE		СОМІ	MITTEE	<b>Y</b>	LUBI	31131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		СОМ	IMIT	TEE	TO EL	.ECT	Γ LATA	SHA	C. WIL	LIAMS				
Street Address:	181 HIDDENV	VOOD D	RIVE														
City:	HARRISBURG							State	e:	PA			Zip Cod	<b>de:</b> 17	110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		P	POST-	3. <b>X</b>		AMENDM REPORT		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	Ē- 5	5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	<b>✓</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021					NG ME					PAPER		⋈	DISKE	TTE
Name of Office S	ought by Candida	te:						DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
								МО		DAY	YE	AR			DEN	1	
				_					11		2	2021		(SEE INS	STRUCTIO	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО		DAY	ΥI	AR	FC	R OFFIC	E USE	ONLY	
			5 4	2	021	Т	0		6		7	2021					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$					558.23					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				2,0	30.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				4,6	88.23					
D. Total Expend	ditures (From Sch	edule II	I)				\$				9	65.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				3,7	23.23	-				
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	)	\$				5	00.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$				1,7	24.25		•			
				AFF	IDA	VI	ΓSE	CTIC	NC								
	a Committee report, incl	*	_							-		_		f my knov	vledae :	and belie	ef . true
correct and comple	ete.		actuelled Sc	caa.c.	cu		pupe.	o. b, c			cuiuiii	, are to	ine best o	. my kno	ricage	and being	
Sworn to and subs	cribed before me this day of	1	20				_				S	ignature	of Perso	n Submitt	ing Rep	ort	
	Signatu	re					-						Prin	ted Name	1		
My Commission Ex	xpires						_		•				Ema	il			
	МО	D	AY	YR						Ar	ea Coc	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, C	andid	ate sh	nall :	sign h	ere.						
No 320) as amende		ny knowle	edge and beli	ief this	politi	ical	comm	ittee h	as n	ot viola	ted an	y provis	ions of th	e act of Ju	ıne 3,19	937 (P.L.	. 1333,
Sworn to and subsc	ribed before me this day of		20									s	ignature (	of Candida	ate		
	<u> </u>						-			-			Printe	d Name			
My Commission Exp	Signature ires						-						Ema	il			—
	МО	D	AY	YR			•			Area	Code		D	aytime Te	elephon	e Numbe	 er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
COMMITTEE TO ELECT LATASHA C. WILLIAMS	From:	<u>5/4/202</u>	<u>1</u> To:	6/7/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	455.00
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)			\$	1,575.00
TOTAL for the Reporting	y Period	(2)	\$	1,575.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	2,030.00

#### **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 Filing Committee or Candidat	Reporting Period						
COMMITTEE TO ELECT LATASHA C. V	VILLIAMS		From:	<u>5/4/</u>	2021 <b>T</b> o	o: <u>6/7/2021</u>	
				DATE		AMOUNT	
Full Name of Contributor SCHENLEY KENT			МО	DAY	YEAR		
Mailing Address 1702A N. 5TH STRE	EET					<b>\$</b> 100.00	
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102	5	6	2021		
Full Name of Contributor VICKI WILLIAMS				DAY	YEAR		
Mailing Address 419 RITTENHOUSE  City WASHINGTON	STREET, NW	Zip Code (Plus 4)	5	6	2021	\$ 100.00	
Full Name of Contributor MONA JOHNSON			МО	DAY	YEAR		
Mailing Address 2317 THORNTON R	OAD					\$ 100.00	
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17109	5	4	2021		
Full Name of Contributor ERICA TOWNES			МО	DAY	YEAR		
Mailing Address 20 SIGSBEE AVENU  City YORK	State PA	<b>Zip Code (Plus 4)</b> 17404	5	10	2021	\$ 250.00	
Full Name of Contributor GERARD GIVNISH & DRRAINE GI	VNISH		МО	DAY	YEAR		
Mailing Address 4825 GERMANTOW			5	9	2021	\$ 75.00	
<b>City</b> PHILADELPHIA	State PA	<b>Zip Code (Plus 4)</b> 19144		9	2021		

Full Name of Contributor RISE WILLIAMS			МО	DAY	YEAR	
Mailing Address 15100 INTER	RLACHEN DRIVE AP	Г. 423	_			<b>\$</b> 250.00
City SILVER SPRING	State MD	<b>Zip Code (Plus 4)</b> 20906	5	14	2021	
Full Name of Contributor ANNTOINETTE HOBBS			МО	DAY	YEAR	
Mailing Address 14 CARDAMO	ON DRIVE					<b>\$</b> 100.00
City MECHANICSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19050	5	6	2021	
Full Name of Contributor KYANA MINER			МО	DAY	YEAR	
Mailing Address 1995 E. COALTON ROAD						<b>\$</b> 100.00
City SUPERIOR	State CO	<b>Zip Code (Plus 4)</b> 80027	5	6	2021	
Full Name of Contributor ELLEN T. GREENLEE			МО	DAY	YEAR	
Mailing Address 1835 ARCH S  City PHILADELPHIA	State PA	<b>Zip Code (Plus 4)</b> 19103	- 5	6	2021	\$ 250.00
Full Name of Contributor RHONDA LAHUE MORDY			МО	DAY	YEAR	
Mailing Address 901 PARKES	RUN LANE					<b>\$</b> 250.00
City VILLANOVA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19085	5	21	2021	
	•		-	-	-	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 1,575.00

#### **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 Candi	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Committ	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

### 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.)

ame of Filing Committee or Candidate				Reporting Period					
			From: To:						
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name		•		Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL	
	,	, , , , , , , , , , , , , , , , , , , ,		-		\$	•	0.00	

### 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	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
COMMITTEE TO ELECT LATASHA C. WILLIAMS	From:	<u>5/4/2021</u> <b>To:</b>	<u>6/7/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	75.00
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)	\$	500.00
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, 1		\$	575.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	lame of Filing Committee or Candidate						
	F						
				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	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

COMMITTEE TO ELECT LATASHA C. WILLIAMS

Reporting Period

From: 5/4/2021 To: 6/7/2021

COMMITTEE TO ELECT LATASHA C. W	Fr	om:	<u>5/4/202</u>	<u>21</u> To:	<u>6/7/2021</u>				
				•		DATE		AMOUNT	
Full Name of Contributor JAIME J. JOHNSEN					мо	DAY	YEAR		
Mailing Address 3219 N. 6TH STRE	ET							\$ 250.00	
City HARRISBURG	<b>State</b> PA		<b>Zip Code(P</b> 17110	lus 4)	5	4	2021		
Employer of Contributor SOS STRA	oyer of Contributor SOS STRATEGIES Occupation				ion (	CHIEF STRATEGIST			
Employer Mailing Address/Principal Place of Business City State					Zip (	Code(Plus	Description of Contribution		
3219 N. 6TH STREET		HARRI:	SBURG	PA	171	10	VENUE	SPACE	
Full Name of Contributor JAIME J. JOHNSEN					мо	DAY	YEAR		
Mailing Address 3219 N. 6TH STREET									
3219 N. 6TH STRE	ET							\$ 250.00	
City HARRISBURG	State PA		<b>Zip Code(P</b> 17110	lus 4)	5	18	2021	\$ 250.00	
5 3219 N. 01H 51KE	<b>State</b> PA		-	Plus 4)	Occupate	ion		\$ 250.00	
City HARRISBURG  Employer of Contributor SOS STRA	State PA ATEGIES	City	-	Plus 4)	Occupat	ion	CHIEF ST		
City HARRISBURG	State PA ATEGIES	'	-		Occupat	cion (Code(Plus	Descri	RATEGIST	

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period				
COMMITTEE TO ELECT LATASHA	A C. WILLIAMS		From	From <u>5/4/2021</u> To:				
				DATE			AMOUNT	
To Whom Paid LA TASHA C. WILLIAMS			мо	DAY	YEAR			
Mailing Address 181 HIDDENWOOD DRIVE				7	2021	\$	200.00	
City HARRISBURG State Zip Code (Plus 4) PA 17110				Description of Expenditure REIMBURSEMENT FOR LUMBER				
To Whom Paid CHELTENHAM PRINTING			мо	DAY	YEAR			
Mailing Address 518 RYERS A	VENUE		5	17	2021	\$	265.00	
City CHELTENHAM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19012	<b>Descrip</b> PRINTE	otion of Exp	penditure			
To Whom Paid KAJAM			МО	DAY	YEAR			
Mailing Address P.O. BOX 771	<u> </u>		5	6	2021	\$	500.00	
City BROOMALL	State	Zip Code (Plus 4)	1 .	otion of Exp				
	PA	19008	DIGITA	L ADVERT	ISING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

965.00

\$

### 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					
COMMITTEE TO ELECT LATASHA C. WILLIAMS			From:		<u>5/4/2021</u> <b>To:</b> <u>6/7/2021</u>			<u>6/7/2021</u>
					DATE			utstanding alance of Debt
Name of Creditor SOS STABILIZING OUR SOCIETY				МО	DAY	YEAR		
Mailing Address 3219 N 6TH STREET				5	3	2021	\$	1,346.25
City HARRISBURG State Zip Code (Plus 4) PA 17110				Description of Debt				
				COMPENSATION FOR CAMPAIGN MANAGEMENT SERVICES				
					DATE	Outstanding Balance of Debt		
Name of Creditor SOS STABILIZING OUR SOCIETY				МО	DAY	YEAR		
Mailing Address 3219 N 6TH STREET				5	4	2021	\$	378.00
City HARRISBURG	State	Zip Code (Plu	ıs 4)	Description of Debt				
HAMMEDONG	PA	17110		COSTS FOR TEE SHIRTS, DIGITAL ADVERTISING AND EVENT SUPPLIES				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL	
							\$	1,724.25