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 201	50283			Report		CANDI	DATE	TE COMMITTEE \(\square\) LOBBYIST							
Name of Filing C	Committee, Candi	date or L	obbyist:	W	/ILLIAI	MS FO	R SENAT	Ē								_
Street Address:																
City:	PHILADELPH:	IA					State:	PA			Zip Cod	ie: 19	139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	.E-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRELECTION	RE-	5.	30 DA ELECT		POST-	6.			TERMINATION REPORT?		No	~	
report type)	ANNUAL REPORT	7.	Year 2019				IG METHO				PAPER		/	DISKE	ГТЕ	
Name of Office S	Sought by Candida	ate:	-				DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	_
CENATOD IN T	HE GENERAL ASS	EMDIV					МО	DAY	YE	AR	37	STS	DEM	l	51	_
SLINATOR IN TI	IL GLINERAL ASS	DEMIDE					4		2	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_
	Receipts and	МО	DAY YEA				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	5 Trom:		3 19	201	19 T	0	4	:	12	2019						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			57,4	194.14						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edu	ule I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			57,4	194.14						
D. Total Expend	ditures (From Scl	nedule II	I)			\$			1,0	00.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$			56,4	94.14						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	ule	II)	\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)			\$				0.00						
			AF	FΙΙ	DAVI	T SE	CTION									I
PART I - If this is	s a Committee rep	ort, trea	surer sign here	. If	this is	a Can	ndidate re	eport, o	andio	date sig	jn here.					ı
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	attached schedul	es f	iled on	paper (or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge a	and belie	f , true	
Sworn to and subs	cribed before me th day of	is	20						s	ignature	of Perso	n Submit	ting Rep	ort		
	Signat	ure				- -					Prin	ted Name	•			
My Commission Ex	cpires										Ema	il				ı
	мо	D	AY Y	R				Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized Com	mit	ttee, C	andida	ate shall	sign he	ere.							1
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief th	is p	olitical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this	i								s	ignature o	of Candida	ate			
	day of —— ————					-					Printe	d Name				
	Signature					-										
My Commission Exp	ires										Ema	il				
	МО	D	AY Y	'R		-		Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
WILLIAMS FOR SENATE	From:	3/19/201	<u>9</u> To:	4/12/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J 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			\$	0.00

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 Commit	tee or Candidate			Reporting Period						
				From:		То	:			
			'		DATE			AMOUNT		
Full Name of Contributin	g Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	S	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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)

(Exclude		om pondedi comi			301 tCu		,	
Name of Filing Committee or	Candidate		Rep	oorting P	eriod			
			Fro	m:		To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	i)					
								PAGE TOTAL

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

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					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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.)

Name of Filing Committee or Candidate	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE 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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	Section	4.			\$	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 Perio	od	
WILLIAMS FOR SENATE	From:	3/19/2019 To :	<u>4/12/2019</u>
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 Candidate			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
WILLIAMS FOR SENATE	From	3/19/2019	То:	4/12/2019		

				DATE		AMOUNT
To Whom Paid			мо	DAY	YEAR	
Friends of Pam Iovine			MO	DA1	ILAK	
Mailing Address				24	2019	\$ 1,000.00
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	15234	Contrib	ution		
						PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$ 1,000.00