Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion	20150	0283			Repor	t	CAND	IDATE		СОМІ	MITTEE	\checkmark	LOBI	BYIST			
Number :						Filed	-						,					
Name of Filing (ate or Lo	obbyist:		WILLIA	AMS F	OR SENA	IE									
Street Address:	PO BO	DX 6313										-						
City:	PHILA	DELPHIA	A					State: PA				Zip Co	Zip Code: 19139					
TYPE OF REPORT	6TH TUESI PRE-PRIM		1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. 3 PRIMARY				POST-	POST- 3.			1ENT ?	Yes	N	D	\checkmark	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	ELECTION			DAY CTION	POST-	POST- 6.			ATION ?	Yes	N)	\checkmark	
report type)	ANNUAL	REPORT	7.	Year 2019				ING METH) CHECK (PAPER		\checkmark	DISK	TTE		
Name of Office Sought by Candidate:								DATE	OF ELE	СТІС	DN	District Number	Office Code	Par	ty Code	Cour		
CENATOD IN T	SENATOR IN THE GENERAL ASSEMBLY								DAY	Y	EAR	37	STS	DEN	1	51		
SENATOR IN T	SENATOR IN THE GENERAL ASSEMBLY							4	4	2	2019		(SEE INS	STRUCTI	ONS FOR	CODES)	
Summary of		and	мо	DAY	YEAR	2		мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY			
Expenditures	s from:			3 19	2	019	ГО		4 1	12	2019							
A. Amount Bro	ught Forw	ard From	n Last Ro	eport			:	\$		57,	494.14							
B. Total Monet	ary Contri	butions A	And Reco	eipts (From	Sche	dule I)	:	\$			0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)			:	\$		57,	494.14							
D. Total Expen	ditures (Fi	rom Sche	dule II	[)				\$		1,0	00.00							
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$		56,4	194.14							
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)		\$			0.00	-						
G. Unpaid Deb	ts And Obl	igations	(From S	chedule IV)			\$			0.00							
					AFF	IDAV	IT S	ECTION										
PART I - If this i																		
I swear (or affirm correct and compl		eport, inclu	uding the	attached sc	hedule	s filed or	ı pape	r or by elec	tronic me	edium	, are to	the best o	f my knov	vledge	and bel	ief , tr	ue	
Sworn to and subs	scribed befo day of	re me this		20						5	Signatur	e of Perso	n Submitt	ing Rep	oort		-	
		Signatur	e	-			_					Prin	ted Name				-	
My Commission E	xpires	2										Ema	il				-	
	Ν	10	DA	NY	YR		_		Are	ea Coo	de	Daytin	ne Teleph	one Nu	mber		_	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nittee, (Candi	date shal	l sign he	ere.								
I swear (or affirm) No 320) as amend		e best of m	y knowle	dge and beli	ef this	politica	l com	mittee has	not violat	ted ar	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,	
Sworn to and subscribed before me this day of 20										s	ignature	of Candida	ite			-		
							_					Printe	ed Name				-	
		ignature					_					Ema					_	
My Commission Exp	pires											Ema						
		мо	DA	AY	YR		-		Area	Code		D	aytime Te	elephon	e Numl	per	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WILLIAMS FOR SENATE From: <u>3/19/2019</u> **To:** 4/12/2019 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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					
					То	:		
		·		DATE			AMOUNT	
Full Name of Contributing Committee			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4	•)					
						Γ	PAGE TOTAL	

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

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 Candidat	e			orting P	eriod			
From: To:):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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			Report	ting Perio	bd				
						То:			
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		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		
WILLIAMS FOR SENATE	From:	<u>3/19/2019</u> То:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	of Contribution	
		•								

PAGE TOTAL
0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period						
WILLIAMS FOR SENATE				From <u>3/19/2019</u> To:								
	DATE AMOU											
To Whom Paid Friends of Pam Iovine	мо	DAY	YEAR									
Mailing Address P.O. Box 14532			3	24	2019	\$	1,000.00					
CityPittsburghStateZip Code (Plus 4)PA15234				Description of Expenditure Contribution								
							PAGE TOTAL					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,000.00					