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	20210	C0130	Report CANDIDATE COMMITTEE LOBE							LOBBYIST						
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		LAT	ASH	A C. \	WILLI <i>A</i>	MS	5						
Street Address:																	
City:									State:				Zip Code	e: 17	110		
TYPE OF REPORT	6TH TUES		1.					30 DAY POST- 3. PRIMARY						AMENDMENT Yes No REPORT?			
(place X to the right of	6TH TUES PRE-ELEC		4.				30 DA		Р	OST-	6. 2	x	TERMINAT REPORT?	ΓΙΟΝ	Yes No		
report type)	ANNUAL	REPORT	7.	Year 2021					NG MET					PAPER		DISKE	TTE
Name of Office S	ought by	Candidat	e:	•		•			DATE	0	OF ELECTION District Office Number Code Party Code						County Code
JUDGE OF THE	COURT	DE COMM	ON DIE	۸۵					МО		DAY	'	YEAR	12	CPJ	DEM	
JODGE OF THE	COURT	JE COMM	ON PLL	AS						11		2	2021		(SEE INS	STRUCTIONS FOR (CODES)
Summary of		s and	МО	DAY	YEAR	2			МО		DAY	•	YEAR	FOF	OFFIC	E USE ONLY	
Expenditures	from:		1	10 19	2	021	Т	0		11	2	22	2021				
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$	-				0.00				
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$					0.00				
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00				
D. Total Expend	ditures (F	From Sche	dule II	I)				\$					0.00				
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00				
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	I)	\$					0.00	-			
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00				
					AFF	FID/	AVI	T SE	CTIO	N							
PART I - If this is	a Comm	ittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate	e re	port, c	anc	didate sig	n here.			
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule:	s file	d on	paper	or by el	ectr	onic me	ediu	m, are to t	the best of	my knov	vledge and beli	ef , true
Sworn to and subs	cribed befo	ore me this		20									Signature	of Person	Submitt	ing Report	
	_	Signatur	·e					_						Printe	ed Name	1	
My Commission Ex	pires							_		•				Email			
		МО	D/	AY	YR						Are	ea Co	ode	Daytime	Teleph	one Number	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.					
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	any provis	ions of the	act of Ju	ıne 3,1937 (P.L	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	ate	
		-						-						Printed	Name		<u> </u>
My Commission Exp		Signature						-						Email			
my commission exp	63							_									
		МО	D	AY	YR	t					Area	Code	e	Day	ytime Te	elephone Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
LATASHA C. WILLIAMS	From:	10/19/202	<u>:1</u> To:	11/22/2021				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	J 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	(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) Period	(3)	\$	0.00				
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 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

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Re	porting	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 Candidate			Rep	Reporting Period				
F				From: To				
					DATE		АМ	OUNT
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			Reporting Period						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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.)

						Reporting Period					
Fron					rom: To:						
						AMOUNT					
			МО	DAY	YEAR						
Mailing Address						\$	0.00				
Ziţ	p Code (Plus	4)									
			Occupat	tion							
	City			State		Zip Co	ode (Plus 4)				
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00				
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4) Occupation City State	Zip Code (Plus 4) Occupation City State	MO DAY YEAR \$ Zip Code (Plus 4) Occupation City State Zip Co				

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 Co	Name of Filing Committee or Candidate			Reporting Period							
	From					om: To:					
				D	ATE		AM	10UNT			
Full Name				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4)								
Receipt Description	·	•									
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL			
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Per	iod							
LATASHA C. WILLIAMS	From:	<u>10/19/2021</u> To:	11/22/2021						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Re				Reporting Period					
	From:								
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period						
F					From:				То:		
						DAT	E			AMOUNT	
Full Name of Contributor					мо	DAY	,	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(Plus	4)							
Employer of Contributor					Оссир	ation					
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
						\$	0.00