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	2022	C0320			_	port ed B		CANDI	CANDIDATE COMMITTEE LOBBYIST					YIST			
Name of Filing C	Committe	e, Candid	ate or L	obbyist:		AN٦	THON	NY H V	VILLIAM	S								
Street Address:																		
City:	_							State:			Zip Code	: 19	143					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	PRE-	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	' PRE	-	5.	30 DA ELECT		POST-	6.		TERMINATION Yes REPORT?			No	•	/
report type)	ANNUAL	REPORT	7.	Year 2022					IG METHO				PAPER DISK				TTE	
Name of Office S	ought by	Candida	te:	-					DATE 0	F ELE	CTION		District Number	Office Code	Par	ty Code	Count	ty
									МО	DAY	YEA	R	8	STS	DEM	<u>_</u>		
SENATOR IN TH	HE GENE	RAL ASSI	EMBLY						11		8 2	2022		(SEE INS	STRUCTIO	ONS FOR C	ODES)	
Summary of		and	МО	DAY	YEAR				МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	rom:			3 29	2	022	<u> </u>	0	5		2 2	2022						
A. Amount Bro	ught Forv	ward Fron	n Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions <i>i</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 Sch	edule II	I)				\$			(0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line C	:)			\$			(0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From Sc	hedu	le I	I)	\$			(0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				0.00						
					AFF	ΊD	AVI	T SE	CTION									
PART I - If this is		-	-	_								_						
I swear (or affirm) correct and comple		report, incl	uding the	attached sch	edules	file	ed on	paper o	or by elect	ronic m	edium, a	re to t	the best of	my knov	vledge a	and belie	ef , tru	ie,
Sworn to and subs	cribed befo	ore me this	1	20							Sig	nature	of Person	Submitt	ing Rep	ort		_
	_	Signatu	re					-					Printe	d Name	ı			- [
My Commission Ex	cpires							_					Email					
		МО	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	nber		
Part II- If this is	a report	of a cand	lidate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted any _l	orovis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333	,
Sworn to and subsc		re me this										s	ignature of	Candida	ite			-
	day of —							-					Printed	Name				-
	:	Signature						-					rimteu	ume				_
My Commission Exp													Email					
	_	МО	D	AY	YR			•		Area	Code		Day	rtime Te	elephon	e Numb	er	۱

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ANTHONY H WILLIAMS	From:	5/2/2022		
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)			\$	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

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 o	r Candidate		Reporting				
			From:		То	:	
		•		DATE		АМО	TNUC
Full Name of Contributing Cor	mmittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	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 cont		r ponticui conni		.03 .01	Joi tea	in i di c	~,				
Name of Filing Committee or Cand	Name of Filing Committee or Candidate Reporting Period										
			Fro	m:		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 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	lame of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		A	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR			0.00		
Mailing Address							- \$		0.00		
City	State	Zip Cod	e (Plus 4)								
								PAGE TOT	AL		
Enter Grand Total of Part C on School	dule I, Detailed Sun	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.)

Name of Filing Committee or Candidate	2			Rep	orting Pe	riod				
				Fror	From:			То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	Zi	p Code (Plus	s 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 Schedule I, Detailed Summary Page, Sec									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 of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Soction	4			PAGE TOTAL
cincer Granu Total of Part I	on Schedule 1, Detailed	Summary Page,	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 Pe	riod						
ANTHONY H WILLIAMS	From:	3/29/2022 To:	5/2/2022					
. 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 Can	didate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.0	10
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			PAGE TOTAL		
Section 2.						\$	0.0	0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				portin	ng Pe	eriod				
						From:			То:		
							DATE			АМ	IOUNT
Full Name of Contributor					мо		DAY	YEAR			
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor					Оссі	upati	ion				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	Stat	e Z	Zip C	ode(Plus 4)	Desc	ript	tion of Con	tribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (Contributions D	etaile	ed		-			PA	GE TOTAL
Summary Page, Section 3.	,										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Reporting Period				
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Description of Expenditure						
Enter Grand Total of Expenditures of					PAGE TOTAL				
Lines Grand Total Of Expenditures of	ni rage 1, kepoit C	over rage, Item L	, .			\$	0.00		