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	C0500				port ed B		CANDI	DATE	✓	cc	MMITTEE		LOBE	YIST	
Name of Filing C	Committee	e, Candid	ate or L	obbyist:	•	WIL	LLIA	ՊՏ, W	ENDELL	CRAIC	ì						
Street Address:																	
City:	_							State:				Zip Code	: 19	342			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST- 3. X			AMENDME REPORT?	NT	Yes	No	~
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	~
report type)	ANNUAL	REPORT	7.	Year 2022					IG METH				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by	Candida	te:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
DEDDE 051/T1T		- O-N-		EMBL)/					МО	DAY	YEA	R	160	STH	REP		23
REPRESENTATI	VE IN IH	E GENER	KAL ASS	EMBLY					11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of		and	МО	DAY	YEAR				мо	DAY	YEA	R	FOR	OFFIC	E USE	ONLY	
Expenditures	from:			5 3	20	022	T	0	6		6	2022					
A. Amount Bro	ught Forw	vard Fron	n Last R	eport				\$			(1,359	9.52)					
B. Total Moneta	ary Contri	butions I	And Rec	eipts (From	Sche	dule	e I)	\$			51	7.06					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			(842	2.46)					
D. Total Expend	ditures (F	rom Sch	edule II	I)				\$			2	0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line C)			\$			(862	.46)					
F. Value Of In-	Kind Cont	ributions	Receiv	ed (From Sc	hedu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV)	١			\$				0.00			'		
					AFF	IDA	AVI	T SE	CTION								
PART I - If this is		-	-	_								_					
I swear (or affirm) correct and comple		eport, 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 , true
Sworn to and subs	cribed befo	ore me this	i	20							Sig	nature	e of Person	Submitt	ing Rep	ort	
		Signatu	re	<u> </u>				-					Printe	d Name	1		
My Commission Ex	cpires	-											Email				
	l	мо	D	AY	YR			_		Ar	ea Code		Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized (Comm	itte	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 r	ot viola	ted any	provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333,
Sworn to and subsc		e me this										s	ignature of	Candida	ate		
	day of							-					Printed	Namo			
	S	Signature						-					Fillitea	1401116			
My Commission Exp		•											Email				
	_	мо	D	AY	YR			•		Area	Code		Day	time To	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WILLIAMS, WENDELL CRAIG	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
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)			\$	517.06
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	517.06
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			\$	517.06

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 Candidat	e		Reporting	Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

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 Committe	ee or Candidate	F	Reporting I	Period			
		F	From:		To) :	
		•		DATE			AMOUNT
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.

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 Per	iod	d					
WILLIAMS, WENDELL CRAIG	From:	5/3/2022	То:	6/6/2022				

DATE

Full Name of Contributing Committee DAY мо YEAR FRIENDS OF CRAIG WILLIAMS 517.06 **Mailing Address** 16 Hawk Hill Road 5 3 2022 State Zip Code (Plus 4) Downingtown PΑ 19335-1254

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 517.06

\$

AMOUNT

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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			.	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	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 Period		
WILLIAMS, WENDELL CRAIG	From:	<u>5/3/2022</u> To:	<u>6/6/2022</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 Re			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 Pe	eriod		
WILLIAMS, WENDELL CRAIG	From	5/3/2022	То:	6/6/2022

		•		DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
AT&T			МО		ILAK		
Mailing Address PO B	ox 6416		5	20	2022	\$	20.00
City Carol Stream	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	IL	60197	tablet p	hone line			
							PAGE TOTAL
Enter Grand Total of E	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						