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		CAN	DII	DATE	√	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:				<u> </u>	I AIG W	ILL	I .IAMS								
<u> </u>																			
Street Address:									a					<u>.</u> .	10	242			
City:									State:					Zip Code	e: 19	342			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	; -	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	√ N	0	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	Y PRE	E-	5. X	30 DA		P	OST-	6.		TERMINATION Yes No REPORT?					>
report type)	ANNUAL	REPORT	7.	Year 2022					IG MET					PAPER DISKET					
Name of Office S	ought by	, Candidat		<u>I</u>		!			DATE	0	F ELE	CTI	ON	District	Office	Par	ty Cod		
Name of Office 5	ought by	Candidat	.e.						МО		DAY	Y	/EAR	Number 160	Code STH	REP	1	Code	e
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of	Receipts	s and	МО	DAY	YEAR	1			МО		DAY	Y	/EAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 20	2	022	Т	0		10	2	24	2022						
A. Amount Bro	ught Forv	ward Fron	1 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 (I	From Sche	edule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				(8	363.96)						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$					0.00		1				
					AFF	·ID/	AVI	T SE	CTIO	N									
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	re	port, c	and	lidate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (or by el	ectr	onic me	ediur	n, are to t	the best of	my know	ledge	and be	ief , tr	rue
Sworn to and subs	cribed befo	ore me this		20						•			Signature	of Person	Submitt	ing Rep	ort		
	_	Signatur	re					-						Printe	ed Name				-
My Commission Ex	pires									-				Email					-
		мо	D	AY	YR						Are	ea Co	ode	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee ha	s no	ot violat	ted a	iny provisi	ions of the	act of Ju	ne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		re me this											Si	ignature of	Candida	te			-
	day of			_ 20				_						Posts 1 · ·	N				_
		Signature						-						Printed	Name				
My Commission Exp		Signature								•				Email					_
	-	МО	D	AY	YR	ł		•			Area	Code)	Day	rtime Te	lephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WENDELL CRAIG WILLIAMS	From:	9/20/20	<u>22</u> To:	10/24/2022
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 Page 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,			\$	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	or Candidate		Reporting	Period			
			From:		То	!	
		•		DATE			AMOUNT
Full Name of Contributing Co	ommittee		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.

Name of Filing Comr	nittee or Candidate	Re	eporting I	Period			
		Fr	om:		То) :	
				DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
	State	Zip Code (Plus 4)				Ī	
City							
City							PAGE TOTAL

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	ame of Filing Committee or Candidate									
			From:			То:				
				DA	TE		Þ	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00		
Mailing Address							7	0.00		
City	State	Zip Cod	e (Plus 4)							
							•	PAGE TOTAL		
Enter Grand Total of Part C on Schee	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			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 (Plus	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 Sche	dule I, Detailed Su	ımmary 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:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (F	Plus 4)					
Receipt Description	.	•		•	•	•		
Enter Crand Total of Doub	. F. a.v. Cabadula I. Datailad	Commence Dame	Castian	4				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 Perio	d	
WENDELL CRAIG WILLIAMS	From:	<u>9/20/2022</u> To:	10/24/2022
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 Car	Name of Filing Committee or Candidate Ro							
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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