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 2015	0283			Rep File			CAND	DATE		соми	MITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		Willia	ams	for S	Senate									
Street Address:	6313 Cobbs C	Creek Pk	wy														
City:	Philadelphia _							State:	PA			Zip Cod	ie: 19	9143			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	- 5	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	•	\
report type)	ANNUAL REPORT	7. X	Year 2022					IG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:			_			DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	ΥI	EAR						
								11		8	2022		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 29	2	022	T	0	12	2	31	2022						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			36,	926.24						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			5,	500.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			42,	426.24						
D. Total Expen	ditures (From Sch	edule II	I)				\$			19,8	361.33						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (C)			\$			22,5	64.91						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$			121,3	312.50						
				AFF	ΊDΑ	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. I	[f thi	s is	a Car	ndidate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	attached sch	nedules	filed	on	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	1e
Sworn to and subs	cribed before me this day of	i	20							5	Signature	of Perso	n Submit	ting Re _l	oort		
	Signatu	ra					- -					Prin	ted Name	.			-
My Commission Ex	_											Ema	il				-
	мо	D	AY	YR			_		Are	ea Co	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee	e, Ca	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	comm	ittee has r	not viola	ted ar	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	s,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			- [
	day of 						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	_											Ema	il				
	МО	D.	AY	YR			•		Area	Code		Da	aytime T	elephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

betanea banmary rage				
Name of Filing Committee or Candidate	Reporting	y Period		
Williams for Senate	From:	11/29/202	<u>2</u> To:	12/31/2022
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)			\$	5,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	5,500.00
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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	5,500.00

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 Committe	e or Candidate		Rep	orting F	Period			
			Fro	m:		То	1	
		•			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.

Full Name of Contributor		Fro	om:	D475	T	D :	
Full Name of Contributor		<u> </u>		DATE			
Full Name of Contributor				DATE			AMOUNT
			МО	DAY	YEAR		
Mailing Address						\$	0.0
City	Zip Code (Plus 4	1)					

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			
Williams for Senate			From:	11/2	9/2022	То:	12/31/2022
				DA	TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
Committee for a Better Tomorrow							\$ 5,000.00
Mailing Address 121 S Broad St Ste	600			12	13	2022	,
City Philadelphia	State	Zip Code	(Plus 4)	12	15	2022	
	PA	1910745	544				
Full Name of Contributing Committee				мо	DAY	YEAR	
Z PAC PA Anesthesiologists' PAC				110	JA!	ILAK	\$ 500.00
Mailing Address 1400 N Providence R	d Building 2, Suite 1	.040		12	13	2022	
City Media	State	Zip Code	(Plus 4)		15	2022	
	PA	1906320	043				

 $\label{lem:constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. }$

PAGE TOTAL \$ 5,500.00

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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
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 Sch	edule I, Detaile	ed Sumn	nary 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 Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address		_					
City	State	Zip Code (Plus 4)				
Receipt Description		•			•	•	
		_		_			PAGE TOTAL
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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 Per	iod	
Williams for Senate	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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			Reporting	g Period				
			From:			To:		
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	V	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I	Period		
Williams for Senate	From	11/29/2022	То:	12/31/2022

			DATE			AMOUNT
		MO	DAY	VEAD		
		МО		ILAK		
		12	20	2022	\$	3,999.99
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
NJ	071011270	Multiple	Campaigr	Expense	es - reim.	
		MO	DAY	VEAD		
		MO	DAI	ILAK		
		12	13	2022	\$	82.58
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
TX	752024299	Cell Pho	ne			
		MO	DAY	VEAD		
		140		ILAK		
		12	5	2022	\$	201.16
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	19148	Storage	Fee			
		МО	DAY	VEAD		
		МО	DAY	YEAR		
Pkwy		MO 12	DAY 19	YEAR 2022	\$	15,000.00
Pkwy	Zip Code (Plus 4)	12		2022	\$	15,000.00
	Zip Code (Plus 4) 191432908	12	19	2022	\$	15,000.00
State		12 Description	19 tion of Exp ution	2022 enditure	\$	15,000.00
State		12 Descript	19	2022	\$	15,000.00
State		12 Description	19 tion of Exp ution	2022 enditure	\$	15,000.00 345.60
State PA		12 Descript Contribut MO 12	19 tion of Exp ution	2022 enditure YEAR 2022		
State PA te 500	191432908	Description MO 12 Description MO	tion of Expution DAY	2022 enditure YEAR 2022		
State PA te 500 State	191432908 Zip Code (Plus 4)	Descript Contribu MO 12 Descript Admin.	tion of Expution DAY 5 tion of Exp	2022 enditure YEAR 2022 enditure		
State PA te 500 State	191432908 Zip Code (Plus 4)	Description MO 12 Description MO	tion of Expution DAY 5 tion of Exp	2022 enditure YEAR 2022		
State PA te 500 State	191432908 Zip Code (Plus 4)	Descript Contribu MO 12 Descript Admin.	tion of Expution DAY 5 tion of Exp	2022 enditure YEAR 2022 enditure		
State PA te 500 State	191432908 Zip Code (Plus 4)	Descript MO 12 Descript Admin. MO	tion of Expution DAY 5 tion of Exp Support DAY	2022 enditure YEAR 2022 enditure YEAR 2022	\$	345.60
	State TX State	NJ 071011270	State Zip Code (Plus 4) Descripe NJ	MO DAY 12 20 State Zip Code (Plus 4) Description of Exp. NJ 071011270 Multiple Campaign MO DAY 12 13 State Zip Code (Plus 4) Description of Exp. TX 752024299 Cell Phone MO DAY State Zip Code (Plus 4) Description of Exp. TX 752024299 Description of Exp. TX 2 5 State Zip Code (Plus 4) Description of Exp. TX 12 5	MO DAY YEAR 12 20 2022 State Zip Code (Plus 4) Description of Expenditure NJ 071011270 Multiple Campaign Expense MO DAY YEAR 12 13 2022 State Zip Code (Plus 4) Description of Expenditure TX 752024299 Cell Phone MO DAY YEAR 2022 State Zip Code (Plus 4) Description of Expenditure TX 752024299 Tell Phone MO DAY YEAR 21 5 2022 State Zip Code (Plus 4) Description of Expenditure	MO

To Whom Paid				DAY	VEAD		
V&S Lanes				DAY	YEAR		
Mailing Address 7235 Elmwood Ave				14	2022	\$	100.00
City Philadelphia State Zip Code (Plus 4)				tion of Exp			
	PA	191421513	Staff Ho	oliday Party			
				, ,	<u> </u>		PAGE TOTAL
nter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D.			,	\$	
Enter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D.				\$	
Enter Grand Total of Expe	nditures on Page 1, Ro	eport Cover Page, Item D.				\$	
Enter Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D.				\$	PAGE TOTAL 19,861.33
Enter Grand Total of Expe	nditures on Page 1, Ro	eport Cover Page, Item D.		,		\$	
Enter Grand Total of Expe	nditures on Page 1, Ro	eport Cover Page, Item D.				\$	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period						
Williams for Senate				<u>11</u>	/29/2022	То:	12/31/2022		
·				DATE				Outstanding Balance of Debt	
Name of Creditor Chavous Consulting LLC					DAY	YEAR			
Mailing Address 100 S Broad St Ste 2220					6	2019	\$	120,000.00	
City Philadelphia	State PA	Zip Code (P 191101011	-	Description of Debt Services Rendered -May 2021 - December 2022				December 2022	
Name of Creditor Milan Morris				мо	DAY	YEAR			
Mailing Address 2308 N 51st St				12	31	2022	\$	1,112.50	
City Philadelphia	State PA	Zip Code (P 191312411		Description of Debt Services Rendered July-Dec 2022					
Name of Creditor Paula Wright					DAY	YEAR			
Mailing Address 6113 Cobbs Creek Pkwy				12	31	2022	\$	200.00	
City Philadelphia	State PA	Zip Code (P 191432908		Description of Debt Services Rendered July-Dec 2022					
							PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G							\$	121,312.50	