Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificat Number : | ion 2022 | C0320 | | | Repor Filed | | CANDI | DATE | ✓ | co | OMMITTEI | | LOBI | BYIST | | | |
|---|---|-------------|-----------------------|--------|----------------|--------------|--------------|-----------|---------|--------|------------------------|----------------|--------------|----------|----------------|--|--|
| Name of Filing | Committee, Candid | ate or Lo | obbyist: | | ANTHC | NY H | . WILLIAM | 1S | | _ | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Cod | e: 19 | 143 | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 D PRIM | | POST- | 3. | | AMENDMENT REPORT? | | Yes | No | \checkmark | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | 5. | 30 D ELEC | CTION | POST- | 6. | | TERMINATION REPORT? | | Yes | No | \checkmark | | |
| report type) | ANNUAL REPORT | 7. X | Year 2022 | | | | NG METH | | | | PAPER | | \checkmark | DISKE | TTE | | |
| Name of Office | L Sought by Candida | te: | | | | | DATE C | OF ELEC | TION | | District Number | Office Code | Par | ty Code | County Code | | |
| CENATOR IN T | | | | | | | мо | DAY | YEA | R | 8 | STS | DEN | 1 | | | |
| SENATOR IN THE GENERAL ASSEMBLY | | | | | | 11 | | 8 | 2022 | | (SEE INS | TRUCTI | ONS FOR | CODES) | | | |
| | Receipts and | мо | DAY | YEAR | Ł | | мо | DAY | YEA | R | FO | R OFFIC | e use | ONLY | | | |
| Expenditure | s from: | | 11 29 | 2 | 022 | ГО | 12 | 2 3 | 1 | 2022 | | | | | | | |
| A. Amount Bro | ought Forward From | n Last R | eport | | | \$ | 5 | | | 0.00 | | | | | | | |
| B. Total Monet | tary Contributions | And Rec | eipts (Fron | 1 Sche | dule I) | \$ | \$ | | | 0.00 | | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | 4 | \$ | | | 0.00 | | | | | | | |
| D. Total Exper | nditures (From Scho | edule II | I) | | | \$ | \$ | | | 0.00 | - | | | | | | |
| E. Ending Casl | n Balance (Subtract | t Line D | From Line | C) | | | \$ | | | 0.00 | 4 | | | | | | |
| F. Value Of In | -Kind Contributions | s Receiv | ed (From S | chedu | le II) | 4 | \$ | | | 0.00 | | | | | | | |
| G. Unpaid Deb | ts And Obligations | (From S | Schedule IV | () | | 4 | \$ | | | 0.00 | | | | | | | |
| | | | | AFF | IDAV | IT SE | ECTION | | | | | | | | | | |
| | is a Committee rep | | | | | | | | | | | | dedee | and half | -f. 4mus | | |
| correct and comp | ı) that this report, incl lete. | luaing the | attached sc | neaule | s med or | i paper | for by elect | tronic me | aium, a | ire to | the best of | ту кном | leage | | er, true | | |
| Sworn to and sub | scribed before me this day of | 5 | 20 | | | _ | | | Sig | natur | e of Person | Submitt | ng Rep | oort | | | |
| | Signatu | re | | | | _ | | | | | Print | ed Name | | | | | |
| My Commission E | xpires | | | | | | | | | | Email | | | | | | |
| | МО | D | AY | YR | | | | Are | a Code | | Daytime | e Telepho | one Nu | mber | | | |
| Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended. | | | | | | | | | | | | | | | | | |
| Sworn to and subs | Sworn to and subscribed before me this Signature of Candidate | | | | | | | | | | | | | | | | |
| | day of | | | | | | | | | | Printeo | d Name | | | | | |
| My Commission Ex | Signature | | | | | _ | | | | | Emai | I | | | | | |
| , | · ··· | | | | | _ | | | | | | | | | | | |
| | мо | D | AY | YR | | | | Area (| Code | | Da | ytime Te | lephon | e Numb | er | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ANTHONY H. WILLIAMS From: <u>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|--|---------------------------------------|------------------|----|-----------|------------------|------|----|------------|--|--|
| | | | | From: To: | | | | | | |
| | | · | | | DATE | | | AMOUNT | | |
| Full Name of Contributing Committee | | | м | 10 | 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. | | | | | | | | 0.00 | | |

| PART B 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 Reporting Period | | | | | | | | | |
| | | | Fror | From: 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. | | | | | | | | 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 | \$ | 0.00 | |
| Mailing Address | | | | | | | 7 * | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | | |
| | | | | | PAGE TOTAL | | | | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec | | | | | | | 0.00 | | |

PART D 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 | | | | eporting Period | | | | | |
|--|----------------|--------------|-------|-----------------|-------|----------------|----|--------------------------|--|
| | | | Froi | n: | | Т |): | | |
| | | | | D | ATE | | АМ | IOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | | |
| City | State | Zip Code (Pl | ıs 4) | | | | | | |
| Employer Name | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Plac | ce of Business | City | | • | State | itate Zip Code | | e (Plus 4) | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | P# | AGE TOTAL 0.00 | |

PART E **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 Candidat | e | | Report | Reporting Period | | | | | |
|---|----------------------|-------------|---------|------------------|-----|------|-----|--------|------|
| | | | From: | m: To: | | | | | |
| | | | | DATE | | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | \$ | | 0.00 |
| Mailing Address | | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | • | | | | • | | | | |
| Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Sec | | | | PAGE TOTAL | | | TAL | | |
| Enter Grand Total of Part E on Sched | iule I, Detailed Sum | imary 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 REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THIN

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Perio | d | |
|---|-----------------|-----------------------|-------------------|
| ANTHONY H. WILLIAMS | From: | <u>11/29/2022</u> то: | <u>12/31/2022</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART | ſF) | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | riod (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, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|--|-----------------------------|-------------------|------------------|------------|------|-----------|--------|--|
| | | | From: | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | DAY | YEAR | | | |
| Mailing Address | - | _ | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | | | | • | | | | |
| Enter Grand Total of Part F on Sched Section 2. | ailed Summary Page, PAGE TO | | | PAGE TOTAL | | | | |
| | | | | | | \$ | 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 | | | | Reporting Period | | | | | | |
|---|---------------------------------------|-------------------|--------|--------|------------------|--------|---------------------------|--|--|--|--|
| | | | | om: | | То: | | | | | |
| | | | | | DATE | AMOUNT | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | | |
| Mailing Address | | | | | | | \$ 0.00 | | | | |
| City | State | Zip Code(Plus 4) | | | | | | | | | |
| Employer of Contributor | | | | Occupa | ation | | | | | | |
| Employer Mailing Address/Principal Place of Business City | | | State | e Zip | Code(Plus 4) | Descri | ption of Contribution | | | | |
| Enter Grand Total of Part G on Scho Summary Page, Section 3. | edule II, In-Kin | d Contributions D | etaile | ed | | | PAGE TOTAL 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 Exponditures | ` | | | | PAGE TOTAL | | | | |
| | Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D | | | | | \$ | 0.00 | | |