Campaign Finance Report

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

Filer Identification 2023C0034 Number :						Report CANDID		DATE	✓	СО	COMMITTEE		TEE LOBBYIST						
Name of Filing C	ommittee	, Candid	ate or L	obbyist:	,	WIL	LIA	MS, SA	AMANTH	A JOY									
Street Address:																			
City:									State:					Zip Code: 19104					
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				5.		30 DAY POST- 6. ELECTION				TERMINATION Yes No			No		\				
report type)	ANNUAL	REPORT	7.	Year 2023					IG METH			PAPER		/	DISKE	TTE			
Name of Office S	ame of Office Sought by Candidate:								District Number	Office Code	Par	ty Code	Coun						
									МО	DAY	YEAI	2	1	CPJP	DEM	1	51		
JUDGE OF THE COURT OF COMMON PLEAS - PHILADELPHIA									11		7 2	023		(SEE IN	STRUCTIO	ONS FOR (CODES)	
Summary of	Receipts	and	МО	DAY	YEAR				МО	DAY	YEAI	R	FOR	OFFIC	CE USE	ONLY			
Expenditures	from:			1 1	20)23	Т	0	5	5	1 2	2023							
A. Amount Bro	ught Forw	ard Fron	n Last R	eport				\$			(0.00							
B. Total Monetary Contributions And Receipts (From Schedule I)											1,196	5.11							
C. Total Funds Available (Sum Of Lines A and B)								\$			1,196	5.11							
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$			1,196	5.11							
E. Ending Cash	Balance ((Subtract	Line D	From Line C)			\$			C	0.00							
F. Value Of In-	Kind Cont	ributions	Receiv	ed (From Sch	hedul	e II	[)	\$			C	0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV)				\$			(0.00			'				
					AFF:	IDA	٩VI	T SE	CTION										
PART I - If this is	a Commi	ittee repo	ort, trea	surer sign h	ere. I	f th	is is	a Can	didate r	eport, o	candidat	te sig	ın here.						
I swear (or affirm) correct and complete		eport, incl	uding the	attached sche	edules	filed	d on	paper o	or by elect	tronic m	edium, aı	re to t	the best of	my knov	wledge a	and beli	ef , trı	ue	
Sworn to and subs	cribed befo	ore me this	1	20							Sigr	nature	of Person	Submitt	ing Rep	ort			
		Signatu	re					-					Printe	d Name)			-	
My Commission Ex	pires							_					Email						
	ı	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 C	Comm	itte	e, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and belief	f this	polit	tical	commi	ittee has r	ot viola	ted any p	rovis	ions of the	act of Ju	une 3,19	937 (P.L	. 1333	3,	
Sworn to and subsc		e me this										s	ignature of	Candida	ate			-	
	day of —							-					Printed	Name				-	
	S	ignature						-										_	
My Commission Exp	ires												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, SAMANTHA JOY	From:	1/1/202	2 <u>3</u> To:	<u>5/1/2023</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,196.11
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	1,196.11
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,196.11

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 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)

Name of Filling Committee of Candidate				Reporting Period From: To:					
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$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							
WILLIAMS, SAMANTHA JOY	From:	1/1/2023	То:	5/1/2023				

DATE AMOUNT

Full Name of Contributing Committee WILLIAMS FOR PHILLY JUDGE	МО	DAY	YEAR			
Mailing Address PO BOX 42672						\$ 1,196.11
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19104	5	1	2023	

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

PAGE TOTAL 5 1,196.11

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				Reporting Period					
			Fror	n:		To):			
				D.	ATE		A	MOUNT		
				мо	DAY	YEAR				
							\$	0.00		
State	Zi	p Code (Plus	s 4)							
·	·			Occupa	tion					
al Place of		City			State		Zip Cod	le (Plus 4)		
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00		
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code		

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	eporting Period						
			From:			To:				
				D	ATE		AM	OUNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description	•	•		•	•	•	_			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL		
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	I	
WILLIAMS, SAMANTHA JOY	From:	<u>1/1/2023</u> To:	5/1/2023
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 Candid	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period						
					From:		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 Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution		
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL		
Summary Page, Section 3.									0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Re	Reporting Period			
WILLIAMS, SAMANTHA JOY Fro	rom	1/1/2023	То:	5/1/2023

			DATE			AMOUNT		
To Whom Paid Uber			мо	DAY	YEAR			
Mailing Address 1455 Market St Ste 400		5	1	2023	\$	1,196.11		
City San Francisco	State	Zip Code (Plus 4)	Description of Expenditure					
	CA	94103	Transportation cost from Jan. 2023				ın. 4, 2023 thru May 1,	
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							1,196.11	