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 | | | | port ed B | | CAND | DATE | | COMMITTEE V LOBBYIST | | | | | | |
|--|---------------------------------|------------|------------------------|--------|----------|--------------|----------------|--------------------|-----------|-------------|----------------------|--------------------|----------------|---------------|-----------|-------------|---|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | • | Will | liams | for S | Senate | | | | | | | | | |
| Street Address: | PO Box 6313 | | | | | | | | | | | | | | | | |
| City: | Philadelphia | | | | | | | State: | PA | | | Zip Cod | ie: 19 | 19139 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - | 2. | 30 DA PRIMA | | POST- | 3. X | | AMENDM REPORT | | Yes | No | ~ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | <u>-</u> | 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | > | |
| report type) | ANNUAL REPORT | 7. | Year 2023 | | | | | NG METH CHECK O | | | | PAPER | | $\overline{}$ | DISKE | TTE | |
| Name of Office S | Sought by Candida | te: | _ | | | | | DATE C |)F ELE | CTIO | N | District Number | Office Code | Par | ty Code | County | |
| | | | | | | | | МО | DAY | YE | AR | | 10000 | | | | |
| | | | | | | | | 11 | | 7 | 2023 | | (SEE IN | STRUCTI | ONS FOR C | ODES) | |
| | Receipts and | МО | DAY | /EAR | ł | | | МО | DAY | YI | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | from: | | 5 2 | 20 | 023 | T | 0 | ϵ | 5 | 5 2023 | | | | | | | |
| A. Amount Bro | ught Forward Fro | n Last R | eport | | | | \$ | - | | 88,0 | 09.98 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (From S | Sche | dule | e I) | \$ | | | 18,0 | 00.00 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 106,0 | 09.98 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | 9,2 | 26.03 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) |) | | | \$ | | | 96,7 | 83.95 |] | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sch | nedu | le II | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | | | | \$ | | | 139,0 | 00.00 | | | • | | | |
| | | | | AFF | IDA | AVI | T SE | CTION | | | | | | | | | I |
| PART I - If this is | s a Committee rep | ort, trea | surer sign he | ere. I | If th | nis is | a Can | ndidate r | eport, o | candi | date sig | ın here. | | | | | I |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | attached sche | dules | s file | ed on | paper (| or by elect | tronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , true | |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Rep | ort | | |
| | Signatu | re | | | | | - | | | | | Prin | ted Name | e | | | |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | I |
| | МО | D | AY | YR | | | | | Ar | ea Cod | le | Daytim | e Telepi | none Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized C | omm | nitte | ee, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of red. | ny knowle | edge and belief | this | poli | itical | commi | ittee has r | not viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333, | l |
| Sworn to and subso | ribed before me this | | | | | | | | | | s | ignature o | of Candid | ate | | | |
| - | day of | | | | | | - | | | | | Printe | d Name | | | | |
| | Signature | | | | | | - | | | | | | | | | | |
| My Commission Exp | pires | | | | | | | | | | | Ema | II | | | | |
| | мо | D | AY | YR | | | • | | Area | Code | | Da | aytime T | elephor | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | J Period | | |
|--|-----------|----------|--------------|-----------|
| Williams for Senate | From: | 5/2/202 | <u>3</u> To: | 6/5/2023 |
| 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 | (2) | \$ | 0.00 | |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 18,000.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 18,000.00 |
| 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 Pa | | | \$ | 18,000.00 |

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 C | andidate | R | eporting | Period | | | |
|--------------------------------|----------|-------------------|----------|--------|------|----|--------|
| | | Fi | rom: | | То | • | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributing Comm | ittee | | 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.

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 Filing Commit | tee or Candidate | | Repoi | rting P | eriod | | | |
|--------------------------|------------------|-------------------|-------|---------|-------|------|----|--------|
| | | | From: | : | | To |): | |
| | | • | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| Mailing Address | | | _ | | | | | |
| 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 | Period | | | |
|---|--------------------|---------------------------|--------------------------|-----------|--------|------|--------------|
| Williams for Senate | | | From: | <u>5/</u> | 2/2023 | То: | 6/5/2023 |
| | | | | DA | TE | | AMOUNT |
| Full Name of Contributing Committee AFSCME AFL-CIO Council 13 Political &a | mp; Legislative | | | МО | DAY | YEAR | \$ 2,500.00 |
| Mailing Address 4031 Executive Park | Dr | | | 5 | 15 | 2023 | |
| City Harrisburg | State PA | Zip Code 171111 | e (Plus 4) 507 | | | | |
| Full Name of Contributing Committee Citizens for Kenyatta Johnson | | | | МО | DAY | YEAR | \$ 1,000.00 |
| Mailing Address PO Box 7466 | , | _ | | 5 | 30 | 2023 | · |
| City Philadelphia | State PA | Zip Code 191017 | 4 66 | | | | |
| Full Name of Contributing Committee Duane Morris LLP Govt. Comm. State & | amp; Local Fund | | | МО | DAY | YEAR | \$ 500.00 |
| Mailing Address 30 S 17th St | | | | 5 | 18 | 2023 | |
| City Philadelphia | State PA | Zip Code 191034 | e (Plus 4) 001 | | | | |
| Full Name of Contributing Committee Education Opportunity PAC | | - | | мо | DAY | YEAR | \$ 10,000.00 |
| Mailing Address PO Box 837 | | | | 5 | 30 | 2023 | |
| City Valley Forge | State PA | Zip Code 194820 | e (Plus 4) 837 | | | | |
| Full Name of Contributing Committee Friends of Joanna McClinton | | | | мо | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 100 S Broad St Ste | 1216 | | | 5 | 30 | 2023 | · |
| City Philadelphia | State PA | Zip Code 191101 | (Plus 4) 015 | | | | |
| Full Name of Contributing Committee GGR Inc PAC | | | | мо | DAY | YEAR | \$ 500.00 |
| Mailing Address 212 Locust St Ste 3 | 00 | | | 5 | 18 | 2023 |] |
| City Harrisburg | State PA | Zip Code 171011 | e (Plus 4) 510 | | | | |

| Full Name of Contributing Committee | | | мо | DAY | YEAR | |
|---|-------------------------|------------------------------------|------------------|---------------|------------------|-------------|
| PA Optometric PAC | | | | | 1 = 2 111 | \$ 500.00 |
| Mailing Address 218 North St | | | 5 | 15 | 2023 | |
| City Harrisburg | State | Zip Code (Plus 4) |] | | | |
| | PA | 171011141 | | | | |
| Full Name of Contributing Committee | | | мо | DAY | YEAR | |
| PECOPAC | | | | | | \$ 1,000.00 |
| Mailing Address 2301 Market St S15 | -1 | | 5 | 18 | 2023 | |
| City Philadelphia | State | Zip Code (Plus 4) |] | | | |
| | PA | 191031338 | | | | |
| | | | | | | |
| Full Name of Contributing Committee | | - | MO | DAY | YFAR | |
| Full Name of Contributing Committee PSEA PACE (PAC for Education) | | | мо | DAY | YEAR | \$ 500.00 |
| | ox 1724 | | | | | \$ 500.00 |
| PSEA PACE (PAC for Education) | ox 1724 State | Zip Code (Plus 4) | мо . 5 | DAY 15 | YEAR 2023 | \$ 500.00 |
| PSEA PACE (PAC for Education) Mailing Address 400 N 3rd St P.O. B | I | Zip Code (Plus 4) 171011346 | | | | \$ 500.00 |
| PSEA PACE (PAC for Education) Mailing Address 400 N 3rd St P.O. B | State | | . 5 | 15 | 2023 | \$ 500.00 |
| PSEA PACE (PAC for Education) Mailing Address 400 N 3rd St P.O. B City Harrisburg | State | | | | | |
| PSEA PACE (PAC for Education) Mailing Address 400 N 3rd St P.O. B City Harrisburg Full Name of Contributing Committee | State PA | | мо | 15 DAY | 2023 YEAR | \$ 500.00 |
| PSEA PACE (PAC for Education) Mailing Address 400 N 3rd St P.O. B City Harrisburg Full Name of Contributing Committee Wojdak for the Commonwealth | State PA | | . 5 | 15 | 2023 | |

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

PAGE TOTAL \$ 18,000.00

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 Candidat | | | | | orting Pe | eriod | | | | |
|--------------------------------------|--------------------|------|---------------|---------|-----------|-------|------|------------|--------------|--|
| | | | | Fror | n: | | To | o : | | |
| | | | | | D | ATE | | | AMOUNT | |
| Full Name of Contributor | | | | | МО | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | | | |
| City | State | Zi | ip Code (Plus | 5 4) | | | | | | |
| Employer Name | | | | | Occupa | tion | • | - | | |
| Employer Mailing Address/Principal P | lace of Business | | City | | • | State | | Zip C | ode (Plus 4) | |
| Enter Grand Total of Part C on Sci | nedule I, Detailed | Sumr | mary 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 o | or Candidate | | Report | ing Peri | od | | |
|------------------------------|-------------------------|---------------|---------|-----------|-----|------|------------|
| | | | From: | | | To: | |
| | | | | D | ATE | | 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 Schodulo I. Dotailed | Summary Dage | Section | 4 | | | PAGE TOTAL |
| cinter Granu Total Of Part E | on Schedule 1, Detalled | 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 | |
|--|-----------------|----------------------------|----------|
| Williams for Senate | From: | <u>5/2/2023</u> To: | 6/5/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F | PER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| 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 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 | | | | 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 Per | iod | | |
|---------------------------------------|---------------|----------|-----|----------|
| Williams for Senate | From | 5/2/2023 | То: | 6/5/2023 |

| | | | | DATE | AMOUNT | | | | | |
|--|-------|-------------------|-----------------------------------|----------------------------|-------------|----|----------|--|--|--|
| To Whom Paid | | | МО | DAY | YEAR | | | | | |
| American Express | | | 1-10 | | | | | | | |
| Mailing Address PO Box 1270 | | | 5 | 18 | 2023 | \$ | 1,000.05 | | | |
| City Newark | State | Zip Code (Plus 4) | Descrip | tion of Exp | Expenditure | | | | | |
| | NJ | 071011270 | Multiple | s- reim. | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| American Express | | | 110 | | | | | | | |
| Mailing Address PO Box 1270 | | | 6 | 5 | 2023 | \$ | 988.42 | | | |
| City Newark State Zip Code (Plus 4 | | | | Description of Expenditure | | | | | | |
| | NJ | 071011270 | Multiple campaign expenses- reim. | | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| AT&T | | | 1-10 | | 1 Z/IIX | | | | | |
| Mailing Address 211 S Akard S | St | | 5 | 12 | 2023 | \$ | 93.65 | | | |
| City Dallas State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | |
| TX 752024299 | | | | Cell Phone | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| Compass Self Storage - Oregon A | we. | | 140 | | ILAK | | | | | |
| Mailing Address 10 - 12 Oregon Ave | | | 6 | 3 | 2023 | \$ | 201.16 | | | |
| City Philadelphia State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | |
| | PA | 19148 | Storage Fee | | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| Democratic State Senate Campaign Committee | | | 1-10 | | i Zaux | | | | | |
| Mailing Address PO Box 3792 | | | 5 | 3 | 2023 | \$ | 2,000.00 | | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | L | | | | |
| | PA | 171053792 | Election Day | | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | | |
| Hilton Harrisburg | | | 1.10 | | I LAIN | | | | | |
| Mailing Address 1 N 2nd St | | | 5 | 11 | 2023 | \$ | 866.25 | | | |
| City Harrisburg State Zip Code (Plus 4) PA 171011601 | | | Description of Expenditure | | | | | | | |
| | | | Facility Rental | | | | | | | |
| [] [] [] [] [] | | | | Table Trained | | | | | | |

| To Whom Paid | | | | | | | | | |
|---|------------------------|------------------------------|--------------------------------------|---------|------|-----------|------------|--|--|
| NGP VAN | | | МО | DAY | YEAR | | | | |
| | | | | | | | 245.60 | | |
| Mailing Address 1101 15th St NW Ste 500 | | | 5 | 8 | 2023 | \$ | 345.60 | | |
| City Washington State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | |
| | DC | 200055006 | Admin. | Support | | | | | |
| To Whom Paid | | | | DAY | VEAD | | | | |
| Senate Dining Club | | | МО | DAT | YEAR | | | | |
| Mailing Address 501 N 3rd St | | | 5 | 3 | 2023 | \$ | 920.00 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | 171200302 | Senate Dining Club 2021-2023 | | | | | | | |
| To Whom Paid | | | | DAY | YEAR | | | | |
| Rudolph Taylor | | | МО | DAY | TEAK | | | | |
| Mailing Address 110 N 4th St | | | 5 | 24 | 2023 | \$ | 2,000.00 | | |
| City Darby | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 190232626 | GOTV | | | | | | |
| To Whom Paid | | | MO | DAY | YEAR | | | | |
| Shari Williams | | | МО | DAT | TEAR | | | | |
| Mailing Address 5939 Cobbs Creek Pkwy | | | 5 | 23 | 2023 | \$ | 810.90 | | |
| City Philadelphia State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | |
| | PA | 191433025 | Reimbursement: SD 8 political dinner | | | | ner | | |
| | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Exper | nditures on Page 1, Re | port Cover Page, Item D | | | | \$ | 9,226.03 | | |
| | | | | | | | 3,220.03 | | |

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 From: | | | From: | <u>5/2/2023</u> To: | | | | 6/5/2023 | |
| | | | | | DATE | | | Outstanding Balance of Debt | |
| Name of Creditor Chavous Consulting LLC | | | | мо | DAY YEAR | | | | |
| Mailing Address 100 S Broad St Ste 2220 | | | | | 6 | 2019 | • | 139,000.00 | |
| City Philadelphia | State | Zip Code (P | lus 4) | s 4) Description of Debt | | | | | |
| | PA | 191101011 | Services Rendered -May 2 | | | | 2021 | 2021 - May 2023 | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | \$ | 139,000.00 | |