### **Campaign Finance Report**

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

Filer Identification 20150283 Report Filed By:						LOBI	BYIST										
Name of Filing C	Committee, Candid	late or L	obbyist:	•	Will	liams	for S	Senate									_
Street Address:	PO Box 6313																
City:	Philadelphia							State:	PA			Zip Cod	le: 19	9139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		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. <b>X</b>		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE 0	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Count Code	y
								МО	DAY	YI	AR		12222	•			
								11		7	2023		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	2			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		10 24	20	023	T	0	11	:	27	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			59,	504.86						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			5,2	251.50						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			64,7	756.36						
D. Total Expend	ditures (From Sch	edule II	I)				\$			g	967.97						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	)			\$			63,7	88.39						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)	1			\$			134,0	00.00			1			
				AFF	IDA	AVI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	If th	nis is	a Can	didate re	eport, o	andi	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sch	edules	s file	d on	paper o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	æ,
Sworn to and subs	cribed before me thi day of	s	20							5	Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	ıre					-					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				-
	МО	D	AY	YR					Are	ea Cod	ie	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (	Comm	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L.	1333,	٠
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
							-		Printed Name					-			
My Commission Exp	Signature						-					Ema	il				-
rry Commission Exp																	
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
Williams for Senate	From:	10/24/202	2 <u>3</u> To:	11/27/2023
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)			\$	100.00
TOTAL for the Reporting	) Period	(2)	\$	100.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	4,500.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting	Period	(3)	\$	5,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	151.50
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			\$	5,251.50

#### **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				
		F	rom:		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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate

**Reporting Period** 

DATE

Williams for Senate

From:

<u>10/24/2023</u> **To:** 

11/27/2023

AMOUNT

Full N	Full Name of Contributor					DAY	YEAR	
Rober	Robert Chavous				МО			
Mailin	Mailing Address 425 Yummerdall Rd						\$ 100.00	
City	Lititz		State	Zip Code (Plus 4)	11	27	2023	
			PA	175437416				

PAGE TOTAL

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

100.00

\$

#### **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 Reportin							
Williams for Senate			From:	10/2	4/2023	То:	11/27/2023
				DA	TE		AMOUNT
Full Name of Contributing Committee 1776 PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 3031 A Walton Rd S	te 201			11	6	2023	300.00
City Plymouth Meeting	State PA	<b>Zip Code</b> 194622	<b>e (Plus 4)</b> 369			2023	
Full Name of Contributing Committee  AFSCME AFL-CIO Council 13 Political &a	mp; Legislative			МО	DAY	YEAR	<b>\$</b> 1,000.00
Mailing Address 4031 Executive Park  City Harrisburg	Dr State	Zip Code	e (Plus 4)	11	27	2023	,
Talliobal g	PA	171111					
<b>Full Name of Contributing Committee</b> GGR Inc PAC				МО	DAY	YEAR	\$ 500.00
Mailing Address 212 Locust St Ste 30	00			11	27	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code</b> 171011	<b>e (Plus 4)</b> 510				
Full Name of Contributing Committee  Independence Blue Cross PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 1901 Market St				11	6	2023	300.00
<b>City</b> Philadelphia	State PA	<b>Zip Code</b> 191031	<b>(Plus 4)</b> 480	11		2023	
Full Name of Contributing Committee  NFG PAPAC - National Fuel Gas PA PAC				МО	DAY	YEAR	<b>\$</b> 500.00
Mailing Address 1100 State St				11	6	2023	
<b>City</b> Erie	State PA	<b>Zip Code</b> 165011	<b>9</b> 12				
Full Name of Contributing Committee PA Optometric PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 218 North St				11	6	2023	500.00
<b>City</b> Harrisburg	State	Zip Cod	e (Plus 4)	11		2023	

Full Name of Contributing Committee Pennsylvania Agent-PAC	МО	DAY	YEAR	\$ 500.00		
Mailing Address 5050 Ritter Rd	11	27	2023			
City Mechanicsburg	State PA	<b>Zip Code (Plus 4)</b> 170554879				
Full Name of Contributing Committee  Pharmacy Political Action Committee						
Full Name of Contributing Committee Pharmacy Political Action Committee			МО	DAY	YEAR	\$ 500.00
		<u>'</u>				\$ 500.00
Pharmacy Political Action Committee	State	Zip Code (Plus 4)	<b>MO</b>	<b>DAY</b> 27	<b>YEAR</b> 2023	\$ 500.00

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

**PAGE TOTAL**\$ 4,500.00

### 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				porting Per	riod			
Williams for Senate			Fre	From: <u>10/24/20</u>			):	11/27/2023
		DA	<b>TE</b>			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	500.00
Robert S Taylor							*	300.00
Mailing Address 601 Wa	alnut St # 3			_ 11	27	2023		
<b>City</b> Philadelphia	State	Zip C	ode (Plus 4)		2,	2023		
	PA	1910	63323					
Employer Name PA Huma	n Relations Commission			Occupat	ion ,	Attorne	у	
Employer Mailing Address/	Principal Place of Business	C	ity		State		Zip (	Code (Plus 4)
601 Walnut St# 3		P	hiladelphia		PA		1910	063323
Enter Grand Total of Part C on Schedule I, Detailed Summary Page,				tion 3.				PAGE TOTAL
	•						\$	500.00

## 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	Reporting Pe	eriod	
Williams for Senate	From:	10/24/2023 <b>To:</b>	11/27/2023

			D	ATE		AMOUNT	
Full Name			мо	DAY	VEAD	_	151 50
Hilton Harrisburg			МО	DAY	YEAR	\$	151.50
Mailing Address 1 N 2nd St			10	27	2023		
City Harrisburg	State	Zip Code (Plus 4)	]	2,	2023		
	PA	171011601					
Receipt Description Refund		•					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL**\$ 151.50

#### **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 Peri	od	
Williams for Senate	From:	<u>10/24/2023</u> <b>To:</b>	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	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				g Period				
						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		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	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descr	ipti	on of Contribution	1
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (	Contributions D	etaile	ed				PAGE TOTA	,L
Summary Page, Section 3.									0	.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
Williams for Senate	From	10/24/2023	То:	11/27/2023	

				DATE		AMOUNT		
To Whom Paid			МО	DAY	YEAR			
36th Ward Democratic Executive (	Committee							
Mailing Address 1920 Morris St			11	3	2023	\$	250.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	191452008	Fundraiser					
To Whom Paid			МО	DAY	YEAR			
Alzheimer's Association			1-10					
Mailing Address 399 Market St	Ste 250		11	20	2023	\$	100.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	191062117	Contribution					
To Whom Paid Compass Self Storage - Oregon Av	/e.		мо	DAY	YEAR			
Mailing Address 10 OREGON Ave 12		11	3	2023	\$	201.16		
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19148	Storage Fee					
<b>To Whom Paid</b> Hood Savior Inc			МО	DAY	YEAR			
Mailing Address 937 S 3rd St			11	7	2023	\$	71.21	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>		
	PA	191474238	Fundraiser					
<b>To Whom Paid</b> NGP VAN			мо	DAY	YEAR			
Mailing Address 1101 15th St NW Ste 500			11	3	2023	\$	345.60	
<b>City</b> Washington	State	Zip Code (Plus 4)	Description of Expenditure					
	DC	200055006	Admin.	Support				
	-	<u>.</u>					PAGE TOTAL	
Enter Grand Total of Expenditu	res on Page 1, Re	port Cover Page, Item D	).			<b> </b>	967.97	

## 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>10/24/2023</u> <b>To:</b>			11/27/2023	
					DATE Outstanding Balance of Debt			
Name of Creditor Chavous Consulting LLC			мо	DAY	YEAR			
Mailing Address 100 S Broad St Ste 2220			5	6	2019	\$	134,000.00	
<b>City</b> Philadelphia	State	Zip Code (P	lus 4)	Description of Debt				
	PA	191101011 Services Rendered -Oct				l -Oct 20	2021 - Oct 2023	
								PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	134,000.00	