

# Campaign Finance Report

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

|   |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
|---|--------------------------|-----------|-------------------------|------------------------------------|----------------------|-------------------------|--|--|------------------------------|-------------------------------------|-------------------|--------------------|
| <b>Filer Identification Number :</b>  |                          | 20150283  |                         | <b>Report Filed By :</b>           |                      | <b>CANDIDATE</b>        |  | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |                              | <b>LOBBYIST</b>                     |                   |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> Williams for Senate |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
| <b>Street Address:</b> PO Box 6313  |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
| <b>City:</b> Philadelphia   |                          |           |                         |                                    |                      | <b>State:</b> PA        |  | <b>Zip Code:</b> 19139                               |                              |                                     |                   |                    |
| <b>TYPE OF REPORT</b><br><br>(place X to the right of report type)          | 6TH TUESDAY PRE-PRIMARY  | 1.        | 2ND FRIDAY PRE-PRIMARY  | 2.                                 | 30 DAY POST-PRIMARY  | 3.                      | AMENDMENT REPORT?                                | Yes  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|   | 6TH TUESDAY PRE-ELECTION | 4.        | 2ND FRIDAY PRE-ELECTION | 5.                                 | 30 DAY POST-ELECTION | 6. X                    | TERMINATION REPORT?                              | Yes  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|   | ANNUAL REPORT            | 7.        | Year 2023               | <b>FILING METHOD ( ) CHECK ONE</b> |                      |                         | <b>PAPER</b> <input checked="" type="checkbox"/> | <b>DISKETTE</b>                                      |                              |                                     |                   |                    |
| <b>Name of Office Sought by Candidate:</b>                                  |                          |           |                         |                                    |                      | <b>DATE OF ELECTION</b> |  |  | <b>District Number</b>       | <b>Office Code</b>                  | <b>Party Code</b> | <b>County Code</b> |
|   |                          |           |                         |                                    |                      | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  |                              |                                     |                   |                    |
|   |                          |           |                         |                                    |                      | 11                      | 7  | 2023   |                              |                                     |                   |                    |
|   |                          |           |                         |                                    |                      |                         |  |  | (SEE INSTRUCTIONS FOR CODES) |                                     |                   |                    |
| <b>Summary of Receipts and Expenditures from:</b>                           |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>                        | <b>TO</b>            | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | <b>FOR OFFICE USE ONLY</b>   |                                     |                   |                    |
|   |                          | 10        | 24                      | 2023                               |                      | 11                      | 27   | 2023   |                              |                                     |                   |                    |
| <b>A. Amount Brought Forward From Last Report</b>                           |                          |           |                         |                                    |                      | \$ 59,504.86            |  |  |                              |                                     |                   |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>       |                          |           |                         |                                    |                      | \$ 5,251.50             |  |  |                              |                                     |                   |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                      |                          |           |                         |                                    |                      | \$ 64,756.36            |  |  |                              |                                     |                   |                    |
| <b>D. Total Expenditures (From Schedule III)</b>                            |                          |           |                         |                                    |                      | \$ 967.97               |  |  |                              |                                     |                   |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                 |                          |           |                         |                                    |                      | \$ 63,788.39            |  |  |                              |                                     |                   |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>        |                          |           |                         |                                    |                      | \$ 0.00                 |  |  |                              |                                     |                   |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                   |                          |           |                         |                                    |                      | \$ 134,000.00           |  |  |                              |                                     |                   |                    |

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**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 subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                       |
| Williams for Senate                          | From: <u>10/24/2023</u> To: <u>11/27/2023</u> |

|  |         |
|--|---------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |         |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 0.00 |

|  |           |
|--|-----------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |           |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 0.00   |
| <b>All Other Contributions (Part B)</b>  | \$ 100.00 |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 100.00 |

|   |             |
|---|-------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |             |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 4,500.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 500.00   |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 5,000.00 |

|  |           |
|--|-----------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |           |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 151.50 |

|   |             |
|---|-------------|
| <b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b> | \$ 5,251.50 |
|---|-------------|



**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)**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                                     |
| Williams for Senate                          | <b>From:</b> <u>10/24/2023</u> <b>To:</b> <u>11/27/2023</u> |

| DATE                                     |              |                          |             | AMOUNT    |
|--|--------------|--------------------------|-------------|-----------|
| <b>Full Name of Contributor</b>          | <b>MO</b>    | <b>DAY</b>               | <b>YEAR</b> |           |
| Robert Chavous                           |              |                          |             |           |
| <b>Mailing Address</b> 425 Yummerdall Rd |              |                          |             | \$ 100.00 |
| <b>City</b> Lititz                       | <b>State</b> | <b>Zip Code (Plus 4)</b> |             |           |
|  | PA           | 175437416                | 11 27 2023  |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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.**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                                     |
| Williams for Senate                          | <b>From:</b> <u>10/24/2023</u> <b>To:</b> <u>11/27/2023</u> |

|   |         |                            |  | DATE | AMOUNT |      |            |
|---|---------|----------------------------|--|------|--------|------|------------|
| Full Name of Contributing Committee               |         |                            |  | MO   | DAY    | YEAR | \$500.00   |
| 1776 PAC  |         |                            |  | 11   | 6      | 2023 |            |
| Mailing Address3031 A Walton Rd Ste 201           |         |                            |  |      |        |      |            |
| CityPlymouth Meeting                              | StatePA | Zip Code (Plus 4)194622369 |  |      |        |      |            |
| Full Name of Contributing Committee               |         |                            |  | MO   | DAY    | YEAR | \$1,000.00 |
| AFSCME AFL-CIO Council 13 Political & Legislative |         |                            |  | 11   | 27     | 2023 |            |
| Mailing Address4031 Executive Park Dr             |         |                            |  |      |        |      |            |
| CityHarrisburg                                    | StatePA | Zip Code (Plus 4)171111507 |  |      |        |      |            |
| Full Name of Contributing Committee               |         |                            |  | MO   | DAY    | YEAR | \$500.00   |
| GGR Inc PAC                                       |         |                            |  | 11   | 27     | 2023 |            |
| Mailing Address212 Locust St Ste 300              |         |                            |  |      |        |      |            |
| CityHarrisburg                                    | StatePA | Zip Code (Plus 4)171011510 |  |      |        |      |            |
| Full Name of Contributing Committee               |         |                            |  | MO   | DAY    | YEAR | \$500.00   |
| Independence Blue Cross PAC                       |         |                            |  | 11   | 6      | 2023 |            |
| Mailing Address1901 Market St                     |         |                            |  |      |        |      |            |
| CityPhiladelphia                                  | StatePA | Zip Code (Plus 4)191031480 |  |      |        |      |            |
| Full Name of Contributing Committee               |         |                            |  | MO   | DAY    | YEAR | \$500.00   |
| NFG PAPAC - National Fuel Gas PA PAC              |         |                            |  | 11   | 6      | 2023 |            |
| Mailing Address1100 State St                      |         |                            |  |      |        |      |            |
| CityErie  | StatePA | Zip Code (Plus 4)165011912 |  |      |        |      |            |
| Full Name of Contributing Committee               |         |                            |  | MO   | DAY    | YEAR | \$500.00   |
| PA Optometric PAC                                 |         |                            |  | 11   | 6      | 2023 |            |
| Mailing Address218 North St                       |         |                            |  |      |        |      |            |
| CityHarrisburg                                    | StatePA | Zip Code (Plus 4)171011124 |  |      |        |      |            |

| Full Name of Contributing Committee |          |                             | MO | DAY | YEAR | \$ 500.00 |
|-------------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Pennsylvania Agent-PAC              |          |                             | 11 | 27  | 2023 |           |
| Mailing Address 5050 Ritter Rd      |          |                             |    |     |      |           |
| City Mechanicsburg                  | State PA | Zip Code (Plus 4) 170554879 |    |     |      |           |

| Full Name of Contributing Committee |          |                             |  | MO | DAY | YEAR | \$ 500.00 |
|-------------------------------------|----------|-----------------------------|--|----|-----|------|-----------|
| Pharmacy Political Action Committee |          |                             |  |    |     |      |           |
| Mailing Address 506 N 3rd St        |          |                             |  | 11 | 27  | 2023 |           |
| City Harrisburg                     | State PA | Zip Code (Plus 4) 171011112 |  |    |     |      |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 4,500.00       |

**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.)**

|   |  |
|---|--|
| <b>Name of Filing Committee or Candidate</b><br><br>Williams for Senate | <b>Reporting Period</b><br><br><b>From:</b> <u>10/24/2023</u> <b>To:</b> <u>11/27/2023</u> |
|---|--|

|   |                 |                          | DATE                               | AMOUNT                             |
|---|-----------------|--------------------------|------------------------------------|------------------------------------|
| Full Name of Contributor  | MO              | DAY                      | YEAR                               |                                    |
| Robert S Taylor   | 11              | 27                       | 2023                               | \$ 500.00                          |
| <b>Mailing Address</b> 601 Walnut St # 3  |                 |                          |                                    |                                    |
| <b>City</b> Philadelphia  | <b>State</b> PA |                          | <b>Zip Code (Plus 4)</b> 191063323 |                                    |
| <b>Employer Name</b> PA Human Relations Commission                              |                 |                          | <b>Occupation</b> Attorney         |                                    |
| <b>Employer Mailing Address/Principal Place of Business</b><br>601 Walnut St# 3 |                 | <b>City</b> Philadelphia | <b>State</b> PA                    | <b>Zip Code (Plus 4)</b> 191063323 |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 500.00         |

**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.**

|   |  |
|---|--|
| <b>Name of Filing Committee or Candidate</b><br><br>Williams for Senate | <b>Reporting Period</b><br><br><b>From:</b> <u>10/24/2023</u> <b>To:</b> <u>11/27/2023</u> |
|---|--|

|                     |            |  |       | DATE |     |      | AMOUNT |        |
|---------------------|------------|--|-------|------|-----|------|--------|--------|
| Full Name           |            |  |       | MO   | DAY | YEAR | \$     | 151.50 |
| Hilton Harrisburg   |            |  |       |      |     |      |        |        |
| Mailing Address     |            |  |       |      |     |      |        |        |
| 1 N 2nd St          |            |  |       | 10   | 27  | 2023 |        |        |
| City                | Harrisburg |  | State |      |     |      |        |        |
| 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**

|  |  |   |         |
|--|--|---|---------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                       |         |
| Williams for Senate  |  | From: <u>10/24/2023</u> To: <u>11/27/2023</u> |         |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |   |         |
| TOTAL for the Reporting Period   |  | (1)   | \$ 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |   |         |
| TOTAL for the Reporting Period   |  | (2)   | \$ 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |   |         |
| TOTAL for the Reporting Period   |  | (3)   | \$ 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) |  |   | \$ 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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | DATE |     |      | AMOUNT                           |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor  |       |                   | MO   | DAY | YEAR | \$ 0.00                          |
| Mailing Address   |       |                   |      |     |      |                                  |
| City  | State | Zip Code (Plus 4) |      |     |      |                                  |
| Description of Contribution:  |       |                   |      |     |      |                                  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

|                                       |                  |
|---------------------------------------|------------------|
| Name of Filing Committee or Candidate | Reporting Period |
|                                       | From: To:        |

|   |       |                  |       | DATE             |                             | AMOUNT          |         |
|---|-------|------------------|-------|------------------|-----------------------------|-----------------|---------|
| Full Name of Contributor  |       |                  |       | MO               | DAY                         | YEAR            | \$ 0.00 |
| Mailing Address   |       |                  |       |                  |                             |                 |         |
| City  | State | Zip Code(Plus 4) |       |                  |                             |                 |         |
| Employer of Contributor   |       |                  |       | Occupation       |                             |                 |         |
| Employer Mailing Address/Principal Place of Business  |       | City             | State | Zip Code(Plus 4) | Description of Contribution |                 |         |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |       |                  |       |                  |                             | PAGE TOTAL 0.00 |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                      |
| Williams for Senate                          | From <u>10/24/2023</u> To: <u>11/27/2023</u> |

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

**SCHEDULE IV**  
**STATEMENT OF UNPAID DEBTS**  
 Use this Section to itemize all unpaid debts and obligations  
 which are outstanding at the end of the reporting period

|   |  |
|---|--|
| <b>Name of Filing Committee or Candidate</b><br><br>Williams for Senate | <b>Reporting Period</b><br><br><b>From:</b> <u>10/24/2023</u> <b>To:</b> <u>11/27/2023</u> |
|---|--|

|   |  |          |                             | DATE  | Outstanding<br>Balance of Debt |      |                             |
|---|--|----------|-----------------------------|---|--------------------------------|------|-----------------------------|
| Name of Creditor<br>Chavous Consulting LLC                              |  |          |                             | MO  | DAY                            | YEAR | \$ 134,000.00               |
| Mailing Address 100 S Broad St Ste 2220                                 |  |          |                             | 5   | 6                              | 2019 |                             |
| City Philadelphia   |  | State PA | Zip Code (Plus 4) 191101011 | Description of Debt<br>Services Rendered -Oct 2021 - Oct 2023 |                                |      |                             |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |  |          |                             |   |                                |      | PAGE TOTAL<br>\$ 134,000.00 |