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 202	23C0278				eport iled B		CA	NDII	DATE	~	COMMITTEE LOBBYIST						
Name of Filing C	ommittee, Candi	date or L	obbyist		M	ARVIN	L. W	ILLIA	MS									
Street Address:																		
City:								State	e:				Zip Code: 19144					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		PRE-		30 DA PRIMA		Р	OST-	3.		AMENDMENT REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI		PRE-		30 DA ELECT		Р	OST-	6. 2	х	TERMINA REPORT?	TION	Yes		No	\
report type)	ANNUAL REPOR	T 7.	Year 2	023				IG ME					PAPER		V	DIS	KETTE	
Name of Office S	ought by Candid	ate:						DAT	ΕO	F ELE	СТІ	ON	District Number	Office Code	Pa	rty Co	de Cou Cod	
								МО		DAY	1	YEAR	1	MCJ				
JUDGE OF THE	MUNICIPAL COL	JRT							11		7	2023		(SEE IN	STRUCT	ONS F	OR CODES	S)
Summary of		МО	DAY	Y	EAR			МО		DAY	1	YEAR	FO	R OFFI	CE USE	ONI	.Υ	
Expenditures	from:		10	24	202	T (0		11	:	27	2023	3					
A. Amount Bro	ught Forward Fro	om Last R	eport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (F	rom S	chedu	ıle I)	\$				1	,500.00						
C. Total Funds	Available (Sum ()f Lines A	and B)				\$				1	,500.00						
D. Total Expend	ditures (From Sc	hedule II	I)				\$				1	,500.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ine C)			\$					0.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fro	m Sche	edule	II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedul	e IV)			\$					0.00			•			
				P	AFFIC	OAVIT	ΓSE	CTIO	NC									
PART I - If this is		• ,		_						•			=					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attache	d sched	lules fi	led on p	oaper (or by e	electr	onic m	ediu	ım, are to	the best of	my kno	wledge	and I	elief , t	rue
Sworn to and subs	cribed before me th day of	ıis	20									Signatur	e of Person	Submit	ting Re	port		
	Signa	ture					• •						Print	ed Name	e			
My Commission Ex	cpires						_		•				Email					
	мо	D	AY		YR					Are	ea C	ode	Daytime	Teleph	none Nu	ımbeı		
Part II- If this is	a report of a ca	ndidate's	authori	zed Co	mmit	tee, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and	belief	this po	olitical	comm	ittee h	as no	ot viola	ted a	any provi	sions of the	act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc		s											Signature of	f Candid	ate			_
	day of		 				-						Printed	l Name				- $ $
	Signature						•		-				F **	1				_
My Commission Exp	ires												Email					
	МО	D	AY		YR		•			Area	Cod	e	Da	ytime T	elepho	ne Nu	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MARVIN L. WILLIAMS	From:	10/24/202	<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)			\$	0.00
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
All Other Contributions (Part D)			\$	1,500.00
TOTAL for the Reporting) Period	(3)	\$	1,500.00
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			\$	1,500.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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

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				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
MARVIN L. WILLIAMS			Fron	n:	10/24/2	<u>023</u> To) :	11/27/2023
				D	ATE		АМ	OUNT
Full Name of Contributor MARVIN L. WILLIAMS				МО	DAY	YEAR		
Mailing 349 WEST DUVAL ST				11	2	2023	\$	1,500.00
City PHILA	State PA	Zip Code (Plus 19144	s 4)		2	2023		
Employer Name FIRST JUDICIAL DIST				Occupat	tion N	1.C. JUD	OGE	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ummary Page,	Section	on 3.		:	PA	GE TOTAL 1,500.00

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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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 Per	iod	
MARVIN L. WILLIAMS	From:	<u>10/24/2023</u> To:	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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	ate		Reportin	g Period			
			From:			To:	
				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 Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
MARVIN L. WILLIAMS				10/24	11/27/2023					
				DATE			AMOUNT			
To Whom Paid PHILA DEMOCRATIC CITY CMTE			мо	DAY	YEAR					
Mailing Address 219 SPRING GARDE	N ST		11	2	2023	\$	1,500.00			
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	19123								