Campaign Finance Report

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

Filer Identificat	ion 2023	3C0034		-	Repo	rt	CAND	DATE	\checkmark	СС	OMMITTE		LOB	BYIST		
Number :					Filed	-		A 101/	1							
Name of Filing	Committee, Candid	late or L	obbyist:		WILLI	AMS, S	SAMANTH	A JOY								
Street Address:																
City:							State:				Zip Code: 19104					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST-	3.		AMENDM REPORT?	ENT	Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D ELEC	AY TION	POST-	6.		TERMINA REPORT?	TION	Yes	V No		
report type)	ANNUAL REPORT	7. X	Year 2023				NG METH CHECK O					\checkmark	DISKE	TTE		
										County Code						
							мо	DAY	YEA	R	1	CPJP	DEI	1	51	
JUDGE OF THE	COURT OF COMM	ION PLE	AS - PHILA	DELPI	ΠΙΑ		11		7 2	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY		
Expenditure	s from:		11 28	2	023	то	1	-	1 2	2024						
A. Amount Bro	ought Forward From	m Last R	eport			\$;			0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	edule I)) 4	\$ 0.00									
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5			0.00						
D. Total Expen	ditures (From Sch	edule II	I)			\$	5		(0.00						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		4	5		(0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	4	5		(0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		4	\$ 0.00									
				AFF	IDAV	IT SE	ECTION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a Ca	ndidate r	eport,	candida	te sig	gn here.					
I swear (or affirm correct and comp) that this report, inc ete.	luding the	e attached sc	hedule	s filed o	n paper	or by elect	tronic m	edium, a	re to	the best of	my know	vledge	and beli	ef , true	
Sworn to and sub	scribed before me thi day of	S	20						Sigi	naturo	e of Person	Submitt	ing Rej	oort		
						_					Print	ed Name				
My Commission E	Signatu xpires	ire									Emai	1				
	мо	D	AY	YR				Ar	ea Code			e Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comr	nittee,	Candio	date shall	sign h	ere.							
I swear (or affirm No 320) as amend) that to the best of ı ed.	ny knowl	edge and beli	ief this	s politica	ıl comn	nittee has r	not viola	ited any p	orovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subs	cribed before me this									s	ignature o	f Candida	ite			
	day of 										Printe	d Name				
	Signature															
My Commission Ex	pires										Emai	l				
	мо	D	AY	YR	ł	_		Area	Code		Da	ytime Te	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
WILLIAMS, SAMANTHA JOY	From:	<u>11/28/202</u>	2 <u>3</u> To:	<u>1/1/2024</u>				
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)			\$	0.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting	g Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)								
TOTAL for the Reporting	g 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			\$	0.00				

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 Candidate				Reporting Period					
					From: To:				
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00	

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)									
Name of Filing Committee or Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City State Zip Code (Plus 4)									
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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	\$		0.00
Mailing Address] *		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	L
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0	.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.)

Name of Filing Committee or Candidate				Reporting Period					
Fro				From:			To:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

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.

Name of Filing Committee or Candidate			Report	ing Peric	d				
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od	
WILLIAMS, SAMANTHA JOY	From:	<u>11/28/2023</u> To:	<u>1/1/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	ર	
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, 1		\$	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:			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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL
						\$	0.00

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

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City State Zip Code (Plus 4)				tion of Exp	oenditure						
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (Cover Dage Item [PAGE TOTAL				
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00				

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