### **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 2020	0072				port ed B		CAI	NDI	DATE		COM	AITTEE	<b>Y</b>	LOBI	31131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRI	END	S OF	CRAI	G W	'ILLIAN	1S			·			
Street Address:	16 HAWK HIL	L ROAD															
City:	DOWNINGTO	WN						State	e:	PA			Zip Co	de: 19	9335-1	254	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	<u>-</u>	5.	30 DA		F	POST-	6.		TERMIN/ REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					IG ME CHEC					PAPER		<b>\</b>	DISKE	ГТЕ
Name of Office S	- Sought by Candida	te:						DAT	ΕO	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО		DAY	YE	AR		·	REP		
									11		5	2024		(SEE IN	STRUCTION	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	2			МО		DAY	YI	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		3 5	20	024	Т	0		4		8	2024					
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				7,1	16.98					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	ı)	\$					0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				7,1	16.98					
D. Total Expend	ditures (From Sch	edule II	1)				\$				1,9	50.00					
E. Ending Cash	Balance (Subtrac	Line D	From Line	C)			\$				5,1	66.98					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	()	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			'		
							T SE										
I swear (or affirm)	that this report, incl	-	_							-		_		f my kno	wledge	and belie	ef , true
correct and comple	ete. cribed before me this	ì										·:	of Perso	n Gubasia	tine Day		
	day of		20				_				3	ngnature	oi Peiso	ii Subiiii	tillg Kep	iort	
	Signatu	re					_						Prin	ted Nam	е		
My Commission Ex	· —						_						Ema	il			
	МО	D.	AY	YR						Are	ea Coc	le	Daytin	ne Telepi	none Nu	mber	
	a report of a cand					•				_						/	
No 320) as amende		iy knowie	eage and bei	ier tnis	poin	ticai	comm	ittee n	as n	ot viola	ted an	y provis	ions of th	e act or J	une 3,1:	937 (P.L.	1333,
SWORN TO AND SUBSC	ribed before me this day of		20									s	ignature (	of Candid	ate		
							-						Printe	ed Name			
My Commission Exp	Signature ires												Ema	il			
	МО	D	AY	YR			-			Area	Code		D	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF CRAIG WILLIAMS	From:	<u>3/5/202</u>	<u>4</u> То:	4/8/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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)			\$	0.00
TOTAL for the Reporting	J 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 of	or Candidate		Reporting Period							
			Fro	om:		То	!			
		·			DATE			AMOUNT		
Full Name of Contributing Co	mmittee			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.

### **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.

Name of Filing Comn	nittee or Candidate	Re	eporting P	eriod			
From: To:							
		'		DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
							PAGE TOTAL

#### **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		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule 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			
			Fror	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, 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 Period									
FRIENDS OF CRAIG WILLIAMS	From:	3/5/2024 <b>To:</b>	<u>4/8/2024</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Car	ne of Filing Committee or Candidate				Reporting Period					
			From:				To:			
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>7</b> \$		0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•		•				
					-					
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	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	portin	ng Pe	riod				
				Fro	m:			To:			
							DATE			АМО	UNT
Full Name of Contributor					мо		DAY	YEAR			
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor					Оссі	upati	ion				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	Stat	e Z	Zip Co	ode(Plus 4)	Descr	ipt	tion of Contr	ribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (	Contributions D	etaile	ed		-			PAG	E TOTAL
Summary Page, Section 3.	,										0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
FRIENDS OF CRAIG WILLIAMS	From	<u>3/5</u>	<u>5/2024</u>	To:	4/8/2024	
		DATE			AMOUNT	
To Whom Paid		DAY	VEAD			

To Whom Paid			МО	DAY	YEAR				
RGB POLITICS			140		I LAIN				
Mailing Address 3031 LOGAN STRE	ET		3	19	2024	\$	1,200.00		
City CAMP HILL State Zip Code (Plus 4)				Description of Expenditure					
	RESEAR	CH							
To Whom Paid				DAY	YEAR				
RGB POLITICS			МО		ILAK				
Mailing Address 3031 LOGAN STRE	ET		3	19	2024	\$	750.00		
City CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17011	CONSU	LTING SER	VICES				
							PAGE TOTAL		
Enter Grand Total of Expenditures	iter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	1,950.00		