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 :	i on 2024	C0791			Repor Filed E		CANDI	DATE	✓	СС	OMMITTEE		LOB	BYIST		
Name of Filing C	Committee, Candida	ate or Lo	obbyist:			-	AIG WILI	IAMS								
Street Address:																
City:							State:				Zip Cod	e: 19	342			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	3. X		AMENDME REPORT?	INT	Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST-	6.		TERMINATION REPORT?		Yes	✓ No		
report type)	ANNUAL REPORT	7.	Year 2024				NG METHO				PAPER		\checkmark			
Name of Office S	Sought by Candidat	te:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code	
ATTORNEY GENERAL							мо	DAY	YEAI	R	-1	ATT	REF	,		
ATTORNET GEI	NERAL						11		5 2	2024		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	1		мо	DAY	YEA	R	FOF	R OFFIC	E USE	ONLY		
Expenditures	s from:		4 9	2	024 T	0	5	1	.3 2	2024						
A. Amount Bro	ught Forward Fron	n Last Ro	eport			\$			(0.00						
B. Total Monet	ary Contributions A	And Rece	eipts (From	n Sche	dule I)	\$			(0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			(0.00						
D. Total Expen	ditures (From Sche	edule III	[)			\$			(0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			0	0.00	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$			(0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$			(0.00						
				AFF	IDAVI	T SE	CTION									
	s a Committee repo) that this report, inclu	•	-					• •		_	-		dadaa	and half	- 6 . human	
correct and compl		uaing the	attached sci	neaules	s filed on	paper	or by elect	ronic me	dium, a	reto	the best of	ту кпом	vieage	and bell	er, true	
Sworn to and subs	cribed before me this day of	•	20			_			Sigr	nature	e of Person	Submitti	ing Rep	oort		
	Signatur	re				_					Printe	ed Name				
My Commission E	xpires					_					Email					
	мо	DA	NY	YR				Are	a Code		Daytime	Telepho	one Nu	mber		
	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,															
	ribed before me this										ignature of	Candida	te			
	day of		20			_				3	ignature of	canalua				
						_					Printed	Name				
My Commission Exp	Signature bires										Email					
	мо	DA	AY	YR		-		Area C	Code		Day	/time Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WENDELL CRAIG WILLIAMS From: <u>4/9/2024</u> **To:** <u>5/13/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate Reporting Period										
			Fror	From: To:						
					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, Detailed Summary Page, Section 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	J Period							
			From:	То:							
				DA	TE		A	AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR		0.00			
Mailing Address							- \$	0.00			
City	State	Zip Cod	e (Plus 4)								
					PAGE TOTAL						
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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					
From:				n: To:					
				DATE AMOUNT				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 Schedule I, Detailed Summary Page, Section 3.							PAGE 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	Name of Filing Committee or Candidate			Reporting Period						
			From:	n: 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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
WENDELL CRAIG WILLIAMS	From:	<u>4/9/2024</u> то:	<u>5/13/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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	g Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address	-	_				\$	0.00		
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.							PAGE TOTAL		
						\$	0.00		

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

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

SCHEDULE III STATEMENT OF EXPENDITURES

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