

Campaign Finance Report

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

| | | | | | | | | | | | |
|---|--------------------------|--------------------------|-------------------------|------------------------------------|-------------------------|--|--|----------------------------|--|-------------------|--------------------|
| Filer Identification Number : 20150283 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | | |
| Name of Filing Committee, Candidate or Lobbyist: Williams for Senate | | | | | | | | | | | |
| Street Address: PO Box 6313 | | | | | | | | | | | |
| City: Philadelphia | | | | | State: PA | | Zip Code: 19139 | | | | |
| TYPE OF REPORT (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 2024 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | |
| Name of Office Sought by Candidate: | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | MO | DAY | YEAR | | | | |
| | | | | | 11 | 5 | 2024 | | | | |
| Summary of Receipts and Expenditures from: | | | | | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | | | | 10 | 22 | 2024 | | | | TO |
| | | | | | 11 | 25 | 2024 | | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ 96,917.51 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ 8,500.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ 105,417.51 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ 30,094.96 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ 75,322.55 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ 1,060.00 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | \$ 80,000.00 | | | | | | |

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

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| Williams for Senate | From: <u>10/22/2024</u> To: <u>11/25/2024</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) | \$ 1,000.00 |
| TOTAL for the Reporting Period (2) | \$ 1,000.00 |

| | |
|---|-------------|
| 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) | \$ 7,500.00 |
| TOTAL for the Reporting Period (3) | \$ 7,500.00 |

| | |
|--|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 8,500.00 |
|---|-------------|

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 | | | MO | DAY | YEAR | \$0.00 |
| Mailing Address | | | | | | |
| 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 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 |
| Williams for Senate | From: <u>10/22/2024</u> To: <u>11/25/2024</u> |

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | |
|--------------------------------------|--------------|--------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Jim Baker | | | | |
| Mailing Address 45 E City Ave | | | | |
| City Bala Cynwyd | State | Zip Code (Plus 4) | 11 | 13 |
| | PA | 190042421 | 2024 | |
| | | | | \$ 250.00 |

| | | | | |
|---|--------------|--------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Anthony B Crawley | | | | |
| Mailing Address 717 S Columbus Blvd Ph 1 | | | | |
| City Philadelphia | State | Zip Code (Plus 4) | 11 | 18 |
| | PA | 191473515 | 2024 | |
| | | | | \$ 100.00 |

| | | | | |
|--|--------------|--------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Arber Hoxha | | | | |
| Mailing Address 6219 Charles St | | | | |
| City Philadelphia | State | Zip Code (Plus 4) | 11 | 18 |
| | PA | 191353401 | 2024 | |
| | | | | \$ 250.00 |

| | | | | |
|---------------------------------|--------------|--------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | |
| James A Smith Jr | | | | |
| Mailing Address | | | | |
| City | State | Zip Code (Plus 4) | 11 | 18 |
| | | | 2024 | |
| | | | | \$ 100.00 |

| | | | | |
|-----------------------------------|--------------|--------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Blade Stoddart | | | | |
| Mailing Address PO Box 574 | | | | |
| City Wynnewood | State | Zip Code (Plus 4) | 10 | 27 |
| | PA | 190960574 | 2024 | |
| | | | | \$ 200.00 |

| | | | | |
|-------------------------------------|--------------|--------------------------|-------------|-----------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Jeannette Tennant | | | | |
| Mailing Address 103 Dorp Cir | | | | |
| City East Norriton | State | Zip Code (Plus 4) | 11 | 18 |
| | PA | 194011775 | 2024 | |
| | | | | \$ 100.00 |

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

PAGE TOTAL

\$ 1,000.00

PART C

Contributions Received From Political Committees

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: To: |

| | | | DATE | | | AMOUNT | |
|-------------------------------------|-------|-------------------|------|-----|------|--------|------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |

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

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 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 Williams for Senate | Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u> |
|---|--|

| | | | | DATE | | AMOUNT | |
|---|--------------------|---------------------------------------|-------------------------------|---|--------------------|--------|---------------------------------------|
| Full Name of Contributor Amelia Alcivar | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 209 Franklin St | | | | | | | |
| City Alexandria | State VA | Zip Code (Plus 4) 223143842 | | | | | |
| Employer Name Information Requested | | | | Occupation Information Requested | | | |
| Employer Mailing Address/Principal Place of Business 209 Franklin St | | | City Alexandria | | State VA | | Zip Code (Plus 4) 223143842 |
| Full Name of Contributor Jesse Fells | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 1964 Pratt St | | | | | | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191242135 | | | | | |
| Employer Name Information Requested | | | | Occupation Information Requested | | | |
| Employer Mailing Address/Principal Place of Business 1964 Pratt St | | | City Philadelphia | | State PA | | Zip Code (Plus 4) 191242135 |
| Full Name of Contributor Melissa Heller | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 351 Winding Way | | | | | | | |
| City Merion Station | State PA | Zip Code (Plus 4) 190661521 | | | | | |
| Employer Name Commonwealth Strategies, Inc | | | | Occupation Consultant | | | |
| Employer Mailing Address/Principal Place of Business 351 Winding Way | | | City Merion Station | | State PA | | Zip Code (Plus 4) 190661521 |
| Full Name of Contributor William Herndon | | | | MO | DAY | YEAR | \$ 1,500.00 |
| Mailing Address 1383 Brookstone Dr | | | | | | | |
| City Garnet Valley | State PA | Zip Code (Plus 4) 190601745 | | | | | |
| Employer Name Information Requested | | | | Occupation Information Requested | | | |
| Employer Mailing Address/Principal Place of Business 1383 Brookstone Dr | | | City Garnet Valley | | State PA | | Zip Code (Plus 4) 190601745 |

| | | | | | | | |
|---|--------------------|---------------------------------------|------------------------|---|--------------------|---------------------|---------------------------------------|
| Full Name of Contributor Edward Hillis | | | | MO 11 | DAY 13 | YEAR 2024 | \$ 1,000.00 |
| Mailing Address 222 Waverly Rd | | | | 11 | 13 | 2024 | |
| City Wyncote | State PA | Zip Code (Plus 4) 190951120 | | | | | |
| Employer Name Information Requested | | | | Occupation Information Requested | | | |
| Employer Mailing Address/Principal Place of Business 222 Waverly Rd | | | City Wyncote | | State PA | | Zip Code (Plus 4) 190951120 |

| | | | | | | | |
|---|--------------------|---------------------------------------|-------------------------|---------------------------|--------------------|---------------------|---------------------------------------|
| Full Name of Contributor Charles Lomax | | | | MO 11 | DAY 18 | YEAR 2024 | \$ 500.00 |
| Mailing Address PO Box 217 | | | | 11 | 18 | 2024 | |
| City Hilltown | State PA | Zip Code (Plus 4) 189270217 | | | | | |
| Employer Name The Lomax Companies | | | | Occupation Manager | | | |
| Employer Mailing Address/Principal Place of Business PO Box 217 | | | City Hilltown | | State PA | | Zip Code (Plus 4) 189270217 |

| | | | | | | | |
|---|--------------------|---------------------------------------|-----------------------------|---|--------------------|---------------------|---------------------------------------|
| Full Name of Contributor Cherise Williams | | | | MO 11 | DAY 18 | YEAR 2024 | \$ 2,500.00 |
| Mailing Address 8008 Temple Rd | | | | 11 | 18 | 2024 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191501225 | | | | | |
| Employer Name Information Requested | | | | Occupation Information Requested | | | |
| Employer Mailing Address/Principal Place of Business 8008 Temple Rd | | | City Philadelphia | | State PA | | Zip Code (Plus 4) 191501225 |

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

| |
|--------------------|
| PAGE TOTAL |
| \$ 7,500.00 |

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.

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

| | | | DATE | | | AMOUNT |
|---------------------|-------|-------------------|------|-----|------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Receipt Description | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 | |
| Williams for Senate | | From: <u>10/22/2024</u> To: <u>11/25/2024</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 1,060.00 |
| 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.) | | | \$ 1,060.00 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

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

| | | | 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. | | | | | | PAGE TOTAL \$ 0.00 |

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

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| Williams for Senate | From: <u>10/22/2024</u> To: <u>11/25/2024</u> |

| DATE | | | | | | AMOUNT | |
|---|----------|----------------------------|-------------------|------------|----------------------------|--|-----------|
| Full Name of Contributor Anthony Fullard | | | | MO | DAY | YEAR | \$ 560.00 |
| Mailing Address 203 E Cliveden St | | | | 10 | 29 | 2024 | |
| City Philadelphia | State PA | Zip Code(Plus 4) 191192312 | | | | | |
| Employer of Contributor Millennium 3 Mang. | | | | Occupation | | Public Relations | |
| Employer Mailing Address/Principal Place of Business 2005 Market St Ste 3125 | | | City Philadelphia | State PA | Zip Code(Plus 4) 191037082 | Description of Contribution Election Day Expenses | |
| Full Name of Contributor Anthony Fullard | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 203 E Cliveden St | | | | 10 | 29 | 2024 | |
| City Philadelphia | State PA | Zip Code(Plus 4) 191192312 | | | | | |
| Employer of Contributor Millennium 3 Mang. | | | | Occupation | | Public Relations | |
| Employer Mailing Address/Principal Place of Business 2005 Market St Ste 3125 | | | City Philadelphia | State PA | Zip Code(Plus 4) 191037082 | Description of Contribution Election Day Expenses | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 1,060.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| Williams for Senate | From <u>10/22/2024</u> To: <u>11/25/2024</u> |

| DATE | | | | AMOUNT |
|--|-----------------|------------------------------------|--|-------------|
| To Whom Paid | MO | DAY | YEAR | |
| 1776 Strategies LLC | | | | |
| Mailing Address PO Box 26046 | 11 | 7 | 2024 | \$ 5,024.47 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191280046 | Description of Expenditure Virtual Canvassing Service | |
| To Whom Paid | MO | DAY | YEAR | |
| ActBlue | | | | |
| Mailing Address 366 Summer St | 11 | 25 | 2024 | \$ 184.53 |
| City Somerville | State MA | Zip Code (Plus 4) 021443132 | Description of Expenditure Service Fees | |
| To Whom Paid | MO | DAY | YEAR | |
| Daniel Brown | | | | |
| Mailing Address 2901 Island Ave | 11 | 21 | 2024 | \$ 31.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191533013 | Description of Expenditure Reim.- Work Shirt | |
| To Whom Paid | MO | DAY | YEAR | |
| Compass Self Storage - Oregon Ave. | | | | |
| Mailing Address 10 OREGON Ave 12 | 11 | 4 | 2024 | \$ 201.16 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19148 | Description of Expenditure Storage Fee | |
| To Whom Paid | MO | DAY | YEAR | |
| Darby Township Democratic Committee | | | | |
| Mailing Address | 10 | 25 | 2024 | \$ 400.00 |
| City | State | Zip Code (Plus 4) | Description of Expenditure Eday Operations | |
| To Whom Paid | MO | DAY | YEAR | |
| Democratic State Senate Campaign Committee | | | | |
| Mailing Address PO Box 3792 | 10 | 25 | 2024 | \$ 5,000.00 |
| City Harrisburg | State PA | Zip Code (Plus 4) 171053792 | Description of Expenditure Assessment | |

| | | | | | | |
|---|----------|-----------------------------|--|-----|------|--------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 1,000.00 |
| Friends of Patty Kim | | | 11 | 15 | 2024 | |
| Mailing Address 2418 N 2nd St | | | 11 | 15 | 2024 | \$ 10,000.00 |
| City Harrisburg | State PA | Zip Code (Plus 4) 171101104 | Description of Expenditure Contribution | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 2,500.00 |
| House Democratic Campaign Committee | | | 10 | 25 | 2024 | |
| Mailing Address PO Box 9100 | | | 10 | 25 | 2024 | \$ 345.60 |
| City Seattle | State WA | Zip Code (Plus 4) 981090100 | Description of Expenditure Contribution | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 500.00 |
| MFS Strategies, LLC | | | 11 | 17 | 2024 | |
| Mailing Address PO Box 439 | | | 11 | 17 | 2024 | \$ 1,834.25 |
| City Harrisburg | State PA | Zip Code (Plus 4) 171080439 | Description of Expenditure Services Rendered- Nov. 2024 | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 2,060.20 |
| NGP VAN | | | 11 | 4 | 2024 | |
| Mailing Address 1101 15th St NW Ste 500 | | | 11 | 4 | 2024 | \$ 170.00 |
| City Washington | State DC | Zip Code (Plus 4) 200055006 | Description of Expenditure Admin. Support | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 2,060.20 |
| S.E Delco Democratic Committee | | | 10 | 25 | 2024 | |
| Mailing Address | | | 10 | 25 | 2024 | \$ 1,834.25 |
| City | State | Zip Code (Plus 4) | Description of Expenditure Eday Operations | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 1,834.25 |
| Anthony Williams | | | 11 | 4 | 2024 | |
| Mailing Address 5929 Cobbs Creek Pkwy | | | 11 | 4 | 2024 | \$ 2,060.20 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191433025 | Description of Expenditure Reim.- Multiple Campaign Expenses | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 2,060.20 |
| Anthony Williams | | | 11 | 19 | 2024 | |
| Mailing Address 5929 Cobbs Creek Pkwy | | | 11 | 19 | 2024 | \$ 170.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191433025 | Description of Expenditure Reim.- Multiple Campaign Expenses | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 170.00 |
| Wreaths Across America | | | 11 | 16 | 2024 | |
| Mailing Address PO Box 249 | | | 11 | 16 | 2024 | \$ 170.00 |
| City Columbia Falls | State ME | Zip Code (Plus 4) 046230249 | Description of Expenditure Donation | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|------------------|
| To Whom Paid Paula Wright | | | MO | DAY | YEAR | \$ 243.75 |
| Mailing Address 6113 Cobbs Creek Pkwy | | | 11 | 4 | 2024 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191432908 | Description of Expenditure Services Rendered- Jan-Sept 2024 | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|------------------|
| To Whom Paid Yeadon Democratic Committee | | | MO | DAY | YEAR | \$ 600.00 |
| Mailing Address 943 Church Ln | | | 10 | 25 | 2024 | |
| City Yeadon | State PA | Zip Code (Plus 4) 190503725 | Description of Expenditure Election Day | | | |

| | | | | | | |
|--|--|--|--|--|--|---------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 30,094.96 |

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

| | |
|---|--|
| Name of Filing Committee or Candidate Williams for Senate | Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u> |
|---|--|

| | | | | DATE | Outstanding Balance of Debt | | |
|---|--|-------|-------------------|--|--------------------------------|------|--------------|
| Name of Creditor | | | | MO | DAY | YEAR | |
| Chavous Consulting LLC | | | | | | | |
| Mailing Address | | | | 5 | 4 | 2019 | \$ 80,000.00 |
| City Philadelphia | | State | Zip Code (Plus 4) | Description of Debt | | | |
| | | PA | 191101011 | Services Rendered -Jan 2023 - March 2024 | | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | PAGE TOTAL |
| | | | | | | | \$ 80,000.00 |