

1764

# 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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF WANOA Williams For City Council</b>						
Street Address: <b>525 Wiconisco STREET</b>						
City: <b>HARRISBURG</b>			State: <b>PA</b>		Zip Code: <b>17110-</b>	
TYPE OF REPORT  (place X to the right of report type)	1ST WEDNESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30-DAY POST-PRIMARY	3.
	4TH WEDNESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30-DAY POST-ELECTION	6.
	ANNUAL REPORT	7.	YEAR:	<b>2013</b>	FILING METHOD (CHECK ONE)	
				PAPER	DISKETTE	

Name of Office Sought by Candidate: <b>CITY COUNCIL</b>			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR		<b>0TH</b>	<b>Dem</b>	<b>22</b>
		<b>2013</b>			<b>2013</b>				
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	RECEIVED 2013 MAY 10 PM 3:45 DAUPHIN COUNTY BUREAU OF VOTER REGISTRATION AND ELECTIONS				
		<b>01</b>	<b>01</b>	<b>13</b>	To	<b>05</b>	<b>06</b>			<b>13</b>		
	A. Amount Brought Forward From Last Report									\$	<b>1,354.42</b>	
	B. Total Monetary Contributions and Receipts (From Schedule I)									\$	<b>350.00</b>	
	C. Total Funds Available (Sum of Lines A and B)									\$	<b>1,704.42</b>	
	D. Total Expenditures (From Schedule III)									\$	<b>500.00</b>	
	E. Ending Cash Balance (Subtract Line D from Line C)									\$	<b>1,204.42</b>	
	F. Value of In-Kind Contributions Received (From Schedule III)									\$	<b>0</b>	
G. Unpaid Debts and Obligations (From Schedule IV)								\$	<b>0</b>			

**AFFIDAVIT SECTION**

**PART I** (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, on paper or computer diskette, are to the best of my knowledge and belief, true, correct and complete.

Sworn to and subscribed before me this 10 day of 10 2013

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 KAREN K. McMILLAN, Notary Public  
 City of Harrisburg, Dauphin County  
 My Commission Expires September 08, 2015

Wanda R.D. Williams  
 Signature of Person Submitting Report  
WANOA R.D. Williams  
 Printed Name  
717      236-5506  
 Area Code      Daytime Telephone Number

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

**PART II** (This is a report of a Candidate or Authorized Committee; candidate 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\_\_\_\_

Wanda R.D. Williams  
 Signature of Candidate  
WANOA R.D. Williams  
 Printed Name  
717      236-5506  
 Area Code      Daytime Telephone Number

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Dauphin County Election Bureau  
 2 S. 2<sup>nd</sup> St.  
 PO Box 1295  
 Harrisburg PA 17108

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF WAUDA WILLIAMS FOR CITY COUNCIL</i>	Reporting Period From <i>01-01-13</i> To <i>05-06-13</i>
--	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	TOTAL for the Reporting Period	(1) \$

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <i>150.00</i>
All Other Contributions (Part B)		\$ <i>200.00</i>
	TOTAL for the Reporting Period	(2) \$ <i>350.00</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <i>0</i>
All Other Contributions (Part D)		\$ <i>0</i>
	TOTAL for the Reporting Period	(3) \$ <i>0</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	TOTAL for the Reporting Period	(4) \$

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$
---	----

## 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 <b>FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL</b>	Reporting Period From <u>1-1-13</u> To <u>5-6-13</u>
--	---

				DATE	AMOUNT		
Full Name of Contributing Committee <b>FRIENDS OF MARIAN B. TASCO</b>	MO	DAY	YEAR	<b>4 25 13</b>	<b>\$ 150.00</b>		
Mailing Address <b>1000 E. VERNON ROAD</b>	MO	DAY	YEAR		\$		
City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19150</b>		MO	DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR		\$		
Mailing Address	MO	DAY	YEAR		\$		
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR		\$		
Mailing Address	MO	DAY	YEAR		\$		
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR		\$		
Mailing Address	MO	DAY	YEAR		\$		
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR		\$		
Mailing Address	MO	DAY	YEAR		\$		
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR		\$		
Mailing Address	MO	DAY	YEAR		\$		
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR		\$		
Mailing Address	MO	DAY	YEAR		\$		
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR		\$		
Mailing Address	MO	DAY	YEAR		\$		
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$

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

PAGE TOTAL
<b>\$ 150.00</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 <u>FRIENDS OF WANOA WILLIAMS FOR CITY COUNCIL</u>	Reporting Period From <u>1-1-13</u> To <u>5-6-13</u>
--	---

	DATE			AMOUNT
Full Name of Contributor <u>RONALD KATZMAN</u>	MO	DAY	YEAR	\$ <u>200.00</u>
Mailing Address <u>3600 LOGAN CT #6A</u>	MO	DAY	YEAR	\$
City <u>CAMP HILL</u>	State <u>PA</u>	Zip Code (Plus 4) <u>17011</u>		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		\$

PAGE TOTAL  
\$ 200.00

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

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>FRIENDS OF WANOA Williams For City Council</i>	Reporting Period From <i>1-1-13</i> To <i>5-6-13</i>
--	---

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

PAGE TOTAL	\$ <u>0</u>
------------	-------------

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

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 <b>FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL</b>	Reporting Period From <b>1-1-13</b> To <b>5-6-13</b>
--	---

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL \$ <b>0</b>
---------------------------

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 <i>FRIENDS OF LUANDA Williams For City Council</i>	Reporting Period From <i>1-1-13</i> To <i>5-6-13</i>
---	---

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

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

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

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

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

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

PAGE TOTAL \$ <i>0</i>
---------------------------

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

# 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 <i>FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL</i>	Reporting Period From <i>1-1-13</i> To <i>5-6-13</i>
--	---

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$	<i>0</i>
--	----	----------



SCHEDULE II  
PART F

**IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL</i>	Reporting Period From <i>1-1-13</i> To <i>5-6-13</i>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
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
\$ <u>0</u>

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

Name of Filing Committee or Candidate <b>FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL</b>	Reporting Period From <u>1-1-13</u> To <u>5-6-13</u>
--	---

				DATE	AMOUNT
Full Name of Contributor				MO	\$
Mailing Address				DAY	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO	\$
Mailing Address				DAY	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO	\$
Mailing Address				DAY	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO	\$
Mailing Address				DAY	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO	\$
Mailing Address				DAY	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <u>0</u>
---------------------------

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL</b>	Reporting Period From <u>1-1-13</u> To <u>5-6-13</u>
--	---

To Whom Paid <b>DENM INC.</b>			MO <b>4</b>	DAY <b>12</b>	YEAR <b>13</b>	Amount <b>\$ 300.00</b>
Mailing Address <b>908 N. 3RD STREET</b>			Description of Expenditure <b>5K 4X6 FLYERS - PALM CARDS</b>			
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17102</b>	<b>(DESIGN &amp; PRINT (5000))</b>			
To Whom Paid <b>JEROME K. WILLIAMS, JR.</b>			MO <b>4</b>	DAY <b>10</b>	YEAR <b>13</b>	Amount <b>\$ 100.00</b>
Mailing Address <b>523 WICONISCO STREET</b>			Description of Expenditure:			
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17110 -</b>				
To Whom Paid <b>RICHARD AYCOCK</b>			MO <b>4</b>	DAY <b>25</b>	YEAR <b>13</b>	Amount <b>\$ 100.00</b>
Mailing Address <b>2451 REEL STREET</b>			Description of Expenditure:			
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17110</b>				
To Whom Paid			MO	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <b>\$ 300.00</b>
--------------------------------

## 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 <b>FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL</b>	Reporting Period From <b>1-1-13</b> To <b>5-6-13</b>
--	---

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State		Zip Code (Plus 4)		
Description of Debt							

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ <b>0</b>
---------------------------