Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 1 (COVER PAGE)

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

Filer Identification Number: ▶ | Report Filed By: ▶ | 1. CANDIDATE | 2. X COMMITTEE | 3. LOBBYIST

Name of Filing Committee, Candidate or Lobbyist: Friends of Wanda Williams for City Council

Street Address: 525 WICONISCO STREET

City: HARRISBURG | State: PA | Zip Code: 17110 -

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	
5TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES		NO	
ANNUAL REPORT	7.	YEAR		FILING METHOD - CHECK ONE ▶		PAPER			DISKETTE	

Name of Office Sought by Candidate: HBG CITY COUNCIL

DATE OF ELECTION MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
11	5	13		0TH	DEM	22

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: ▶ MO. 10 DAY 11 YEAR 2013 To MO. 10 DAY 21 YEAR 2013

FOR OFFICE USE ONLY

RECEIVED 2013 OCT 25 PM 3:50 DAUPHIN COUNTY BOARD OF REGISTRATION AND ELECTIONS

A. Amount Brought Forward From Last Report	$	98.89
B. Total Monetary Contributions and Receipts (From Schedule I)	$	500.00
C. Total Funds Available (Sum of Lines A and B)	$	598.89
D. Total Expenditures (From Schedule III)	$	500.00
E. Ending Cash Balance (Subtract Line D from Line C)	$	98.89
F. Value of In-Kind Contributions Received (From Schedule II)	$	0
G. Unpaid Debts and Obligations (From Schedule IV)	$	0

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, 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 _____ day of _____ 20____

_____ Signature of Person Submitting Report

_____ Signature

_____ Printed Name

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 25th day of October 20 13

Gina L. Roberson

Signature

My commission expires 1 5 11 14 MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL GINA L. ROBERSON, Notary Public City of Harrisburg, Dauphin County My Commission Expires October 11, 2014

Wanda R.D. Williams

Signature of Candidate

WANDA R.D. WILLIAMS

Printed Name

717 236-5506

Area Code Daytime Telephone Number

Dauphin County Election Bureau
2 S. 2nd St.
PO Box 1295
Harrisburg PA 17108

DSEB-502 (7-99)

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL	From 6-11-13 To 10-21-13

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

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		$ 0
All Other Contributions (Part B)		$ 0
TOTAL for the Reporting Period	(2)	$ 0

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		$ 500.00
All Other Contributions (Part D)		$ 0
TOTAL for the Reporting Period	(3)	$ 500.00

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

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 Page 1, Report Cover Page, Item B.)*	$ 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
FRIENDS OF WANDA WILLIAMS FOR CITY COUNCIL	From 6-11-13 To 10-21-13

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

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

PAGE TOTAL $ 0

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
FRIENDS OF WANDA Williams FOR City Council	From 6-11-13 To 10-21-13

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	$
Mailing Address			MO	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO	DAY	YEAR	$
Full Name of Contributor			MO	DAY	YEAR	$
Mailing Address			MO	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO	DAY	YEAR	$
Full Name of Contributor			MO	DAY	YEAR	$
Mailing Address			MO	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO	DAY	YEAR	$
Full Name of Contributor			MO	DAY	YEAR	$
Mailing Address			MO	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO	DAY	YEAR	$
Full Name of Contributor			MO	DAY	YEAR	$
Mailing Address			MO	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO	DAY	YEAR	$
Full Name of Contributor			MO	DAY	YEAR	$
Mailing Address			MO	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO	DAY	YEAR	$
Full Name of Contributor			MO	DAY	YEAR	$
Mailing Address			MO	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO	DAY	YEAR	$
Full Name of Contributor			MO	DAY	YEAR	$
Mailing Address			MO	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO	DAY	YEAR	$

PAGE TOTAL $ 0

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	Reporting Period
FRIENDS OF WANDA Williams For City Council	From 6-11-13 To 10-21-13

			DATE MO	DATE DAY	DATE YEAR	AMOUNT
Full Name of Contributing Committee: AFSCME COUNCIL 13 - Political & LEGISLATIVE AFFA			6	20	13	$ 500.00
Mailing Address: 4031 EXECUTIVE PARK DRIVE						$
City: HARRISBURG	State: PA	Zip Code (Plus 4): 17111 - 1507				$
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 $ 500.00

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	Reporting Period From ______ To ______

	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 $ 0

DSEB-502 (7-99)

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
FRIENDS OF WANDA Williams FOR City Council	From 6-11-13 To 10-21-13

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 $ 0

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	Reporting Period
FRIENDS OF WANDA Williams FOR City Council	From 6-11-13 To 10-21-13

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

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

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

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, Report Cover Page, Item F.)*	$ 0

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF WANDA Williams For City Council	From 6-11-13 To 10-21-13

			DATE MO.	DAY	YEAR	AMOUNT
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
$ 0

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF WANDA Williams FOR City Council	From 6-11-13 To 10-21-13

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

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

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

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

Contributor	DATE (MO / DAY / YEAR)	AMOUNT
Full Name of Contributor		$
Mailing Address		$
City / State / Zip Code (Plus 4) –		$
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 $ 0

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF WANDA Williams FOR City Council	From 6-11-13 To 10-21-13

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
RICHARD AYCOCK	2451 REEL STREET	HARRISBURG	PA	17110 -	6	13	13	$ 100.00	COLLECTION OF REMAINING CAMPAIGN SIGNS AND DISPOSED.
Revitalizing Our Community	1 SOUTH MARKET SQUARE - 12th Floor	HARRISBURG	PA	17101 -	9	27	13	$ 200.00	CAMPAIGN DONATION TO CANDIDATE AARON JOHNSON
Revitalizing Our Community	1 SOUTH MARKET SQUARE - 12th Floor	HARRISBURG	PA	17101 -	10	21	13	$ 200.00	CAMPAIGN DONATION TO CANDIDATE AARON JOHNSON
				-				$	
				-				$	
				-				$	
				-				$	
				-				$	

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

PAGE TOTAL $ 500.00

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	Reporting Period
Friends of Wanda Williams For City Council	From 6-11-13 To 10-21-13

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 $ 0