

Commonwealth of Pennsylvania
Campaign Finance Statement

276846

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER: 20180037		REPORT FILED ON BEHALF OF: Committee	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: WILLIAMS, JAMES FOR PA			
STREET ADDRESS: 7842 FAYETTE ST			
CITY: PHILADELPHIA	STATE: PA	ZIP CODE: 19150	
TYPE OF REPORT: 2nd Friday Pre-Primary			
NAME OF OFFICE SOUGHT BY CANDIDATE: SENATOR IN THE GENERAL ASSEMBLY			
DISTRICT CODE: Statewide		PARTY CODE: REP	
DATE OF ELECTION: 11/6/2018			
DATES OF REPORTING PERIOD: 3/27/2018 TO		4/30/2018	
AMENDMENT REPORT?: NO		TERMINATION REPORT?: YES	
CASH BALANCE AT THE END OF REPORTING PERIOD: 0.00 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: 0.00		For Office Use Only 2018 MAY -4 PM 2:31	

CITY COMMISSIONERS
COUNTY BD. OF ELECTIONS

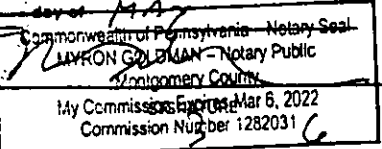
AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 15th day of MAY 20 18

	SIGNATURE OF PERSON SUBMITTING REPORT THOMAS G. ESTILLO
MY COMMISSION EXPIRES MO. DAY YR. 6 2022	PRINTED NAME (267) 596-9381
AREA CODE DAYTIME TELEPHONE NUMBER	AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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	SIGNATURE OF PERSON SUBMITTING REPORT
PRINTED NAME	PRINTED NAME
MY COMMISSION EXPIRES MO. DAY YR.	AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania
Campaign Finance Statement

276845

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER: 2018C0937		REPORT FILED ON BEHALF OF: Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: WILLIAMS, JAMES			
STREET ADDRESS: 7842 FAYETTE ST			
CITY: PHILADELPHIA	STATE: PA	ZIP CODE: 19150	
TYPE OF REPORT: 2nd Friday Pre-Primary			
NAME OF OFFICE SOUGHT BY CANDIDATE: SENATOR IN THE GENERAL ASSEMBLY			
DISTRICT CODE: 4th Senatorial District		PARTY CODE: REP	
DATE OF ELECTION: 11/6/2018			
DATES OF REPORTING PERIOD: 3/27/2018 TO 4/30/2018			
AMENDMENT REPORT? NO		TERMINATION REPORT? YES	

CASH BALANCE AT THE END OF REPORTING PERIOD:	0.00
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	0.00

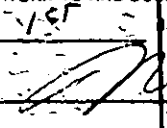
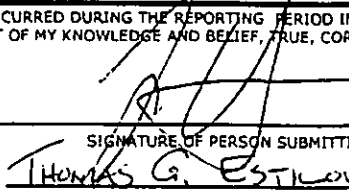
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 2018 MAY -4 PM 2:32
 CITY COMMISSIONERS
 COUNTY Bd. of Elections

AFFIDAVIT SECTION

PART I -

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 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

<p>SWORN TO AND SUBSCRIBED BEFORE ME THIS 15th day of _____ 20<u>18</u> My Commission Expires Mar 6, 2022 Commission Number 1282031</p>	 SIGNATURE MYRON GOLDMAN - Notary Public Montgomery County Commission Expires Mar 6, 2022 Commission Number 1282031	 SIGNATURE OF PERSON SUBMITTING REPORT THOMAS G. ESTLOW PRINTED NAME
	5 6 20 <u>18</u> MY COMMISSION EXPIRES MO. DAY YR.	(267) 596-9381 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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	_____ SIGNATURE OF PERSON SUBMITTING REPORT
_____ MY COMMISSION EXPIRES MO. DAY YR.	_____ PRINTED NAME
_____ MO. DAY YR.	_____ AREA CODE DAYTIME TELEPHONE NUMBER

THOMAS G. ESTILOW

7423 BARCLAY ROAD
CHELTENHAM, PA 19012
(267) 596-9381
CTRO5.4@iCloud.Com

28 April 2018

PHILADELPHIA COUNTY BOARD OF ELECTIONS

1400 JFK Boulevard
City Hall, Room 142
Philadelphia, PA 19107

RE: Termination Reports for Political Committee, James Williams for PA (Filer ID 20180037) and Candidate, James Williams (Filer ID 2018C0937)

Madam/Sir:

I serve as Treasurer for Political Committee, James Williams for PA (Filer ID 20180037).

Enclosed, please find the Cycle 3 Campaign Finance Reports for Political Committee, James Williams for PA (Filer ID 20180037) and Candidate, James Williams (Filer ID 2018C0937). You will notice that both are Termination Reports and signed only by me.

After receiving instruction from Candidate James Williams several weeks ago to file Termination Reports, I have lost contact with him. Following several attempts to reach him, he has not responded to my inquiries. As such, I am filing both Termination Reports with my notarized signature only.

Please do not hesitate to contact me via phone at (267) 596-9381 or by way of email at CTRO5.4@iCloud.Com.

Thank you, in advance, for your consideration.

Very respectfully,


Thomas G. Estilow

CITY COMMISSIONERS
COUNTY BD. OF ELECTIONS
2018 MAY -4 PM 2:32