

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

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		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>BILL WILLIAMS</b>					
STREET ADDRESS <b>226 LAUREL ST</b>					
CITY <b>ARCH BALD</b>			STATE <b>PA</b>	ZIP CODE <b>18403 -</b>	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	ARCHBALD BOROUGH COUNCIL		2		
6TH TUESDAY PRE-PRIMARY	1.			DATE OF ELECTION	
2ND FRIDAY PRE-PRIMARY	2.			MO.	DAY
30 DAY POST-PRIMARY	3.			11	6
6TH TUESDAY PRE-ELECTION	4.			YEAR	
2ND FRIDAY PRE-ELECTION	5.			07	
30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>				
ANNUAL REPORT	7.				
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY	
MO. DAY YEAR		MO. DAY YEAR		2007 DEC -4 A 11:53 LACKAWANNA COUNTY BUREAU OF ELECTIONS	
10 23 07		11 26 07			
CASH BALANCE AT END OF REPORTING PERIOD:		\$		0	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0	
AMENDMENT REPORT?		YES	NO		
TERMINATION REPORT?		YES	NO		

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates'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  
3 DAY OF DECEMBER 2007

*Bill Williams*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**BILL WILLIAMS**  
 PRINTED NAME

*Phyllis Wint*  
 Notary Seal SIGNATURE  
 Phyllis Wint, Notary Public  
 City of Scranton, Lackawanna County  
 My Commission Expires June 15, 2010

15 DAY 2010 YR.

570 AREA CODE 906 876-5181 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

MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER