Campaign Finance Report

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

Filer Identificati Number :				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST				
Name of Filing C	Committee, Candi	date or L	obbyist:	,	FRIE	END	S OF	DAVE WI	HITE								
Street Address:	791 S. CHES	TER ROA	AD.														
City:	SWARTHMOR	RE						State: PA				Zip Code: 19081					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						ARY				AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2014				FILING METHOD () CHECK ONE					PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candid	ate:	•					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	ty
								МО	DAY	YI	EAR		10000	REP		23	
								11		4	2014		(SEE IN	STRUCTIO	ONS FOR O	ODES)	
	Receipts and	МО	DAY Y	/EAR				МО	DAY	Y	EAR	FO	ONLY				
Expenditures	5 Trom:		4 1	20	014	Т	0	5		5	2014						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			164,6	535.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$				0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			164,6	635.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$			8,0	00.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C))			\$			156,6	35.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedul	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			•			
			,	AFF	ID/	٩VI	T SE	CTION									
	s a Committee re								-								
I swear (or affirm) correct and complete) that this report, in ete.	cluding the	e attached sche	dules	file	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe,
Sworn to and subs	cribed before me th	is	20							S	Signature	of Perso	n Submit	ting Rep	ort		-
	Signat	ure					- -					Prin	ted Name	e			_
My Commission Ex	•											Ema	il				-
	мо	D	AY	ΥR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized C	omn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee has r	ot viola	ted ar	ıy provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	,
Sworn to and subsc	ribed before me this	5									s	ignature o	of Candid	ate			-
	day of —— ————						_					Printe	d Name				-
	Signature						-										_
My Commission Exp	_											Ema	il				
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numb	er	·

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
FRIENDS OF DAVE WHITE	From:	4/1/201	<u>4</u> To:	<u>5/5/2014</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)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re					
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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 Filling Committee of Candidate				oorting P	eriod	To	o:	
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 C

Contributions Received From Political Committees

OVER \$250.00

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	lame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00		

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.)

					Reporting Period					
Fr					From: To:					
			D/	ATE			AMOUNT			
			МО	DAY	YEAR					
						\$	0.00			
Ziţ	p Code (Plus	4)								
			Occupat	tion						
	City			State		Zip Co	ode (Plus 4)			
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00			
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4) Occupation City State	Zip Code (Plus 4) Occupation City State	MO DAY YEAR \$ Zip Code (Plus 4) Occupation City State Zip Co			

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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	n Schedule T. Detailed	l Summary Page.	Section	4.			PAGE TOTA	L
		· • • • • • • • • • • • • • • • • • • •					\$ 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		
FRIENDS OF DAVE WHITE	From:	<u>4/1/2014</u> To:	<u>5/5/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 2		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Cind C	Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	Name of Filing Committee or Candidate			ng Period						
FRIENDS OF DAVE WHITE			From	<u>4/</u>	1/2014	То:	5/5/2014			
					DATE					
To Whom Paid DELAWARE COUNTY REPUBLICAN F	мо	DAY	YEAR							
Mailing Address 323 W. FRONT STREET			1	23	2014	\$	3,000.00			
City MEDIA	State PA	Zip Code (Plus 4) 19063		otion of Exp	penditure					
To Whom Paid FRIENDS OF JAMIE SANTORA			МО	DAY	YEAR					
Mailing Address 321 W. FRONT S	STREET		3	18	2014	\$	5,000.00			
City MEDIA State Zip Code (Plus 4) PA 19063				otion of Exp	penditure					

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

PAGE TOTAL

8,000.00