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 :	on	20140	351				Repo Filed			CA	NDII	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, C	Candida	te or Lo	bbyis	t:	F	RIEN	ND9	S OF	DAVE	WH	IITE								
Street Address:	791 S.	CHESTE	R ROA	D																
City:	SWARTI	HMORE								State	e:	PA			Zip Cod	l e: 19	081			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND F PRIMA		PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDMENT REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND F ELECT		PRE-	- 5.		30 DA		Р	OST-	6.	TERMINATION Yes REPORT?				N	0	\
report type)	ANNUAL RE	PORT	7. X	Year :	2014					NG ME		_	•		PAPER		√	DISK	ETTE	
Name of Office S	ought by Ca	andidate	e:				•			DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pai	rty Code	Code	
										МО		DAY	Y	EAR						
											11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		and	МО	DA		YEAR			_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
			1	.1	25	20)14	T	o		12		31	2014						
A. Amount Bro	ught Forwar	rd From	Last R	eport					\$				126,	425.00						
B. Total Monetary Contributions And Receipts (From Schedule							lule I	[)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				126,	425.00								
D. Total Expenditures (From Schedule III)						\$				2,	000.00									
E. Ending Cash Balance (Subtract Line D From Line C)							\$				124,4	425.00								
F. Value Of In-	Kind Contrib	outions	Receive	ed (Fro	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Oblig	ations (From S	chedu	le IV))			\$					0.00		,				
						AFFI	[DA\	VI٦	ΓSE	CTI	NC									
PART I - If this is	a Committe	ee repo	rt, trea	surer	sign h	ere. I	f this	is	a Car	ndidat	te re	port, o	candi	idate sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ding the	attach	ed sch	edules	filed	on p	paper	or by e	electr	onic m	ediun	n, are to t	he best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before day of	me this		20									:	Signature	of Perso	n Submitt	ing Re	port		_
		Signature	e	•					<u>-</u>						Print	ed Name				
My Commission Ex	pires	_									-				Emai	I				-
	мо)	D#	lΥ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	author	rized (Comm	ittee,	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge an	d belie	f this p	politic	al	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		ne this												Si	ignature o	f Candida	ite			-
	day of — —														Printe	d Name				-
	Sigr	nature							•							_				_
My Commission Exp	ires														Emai	I				
		мо	D#	λY		YR						Area	Code		Da	ytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DAVE WHITE	From:	11/25/201	<u>4</u> To:	12/31/2014
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

	this Part to itemize onl with an aggregate valu	-			-				
Name of Filing Comm	nittee or Candidate		Reporting Period						
			Fro	om:		То	:		
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•				-		DAGE 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 Fining Committee of Candidate			Re _l Fro					
					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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 0.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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 Per	iod							
FRIENDS OF DAVE WHITE	From:	<u>11/25/2014</u> To:	12/31/2014						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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,	•	\$	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	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
FRIENDS OF DAVE WHITE	From	11/25/2014	То:	12/31/2014		

				DATE			AMOUNT
To Whom Paid FRIENDS OF JACK WHELAN				DAY	YEAR		
Mailing Address 791 S. CHESTER ROAD			12	4	2014	\$	2,000.00
City SWARTHMORE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19081	CONTR	IBUTION			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,000.00