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 201	40351				ported E		CAN	DII	DATE		COM	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		FRIE	END	S OF	DAVE	WH	ITE								
Street Address:	791 SOUTH	CHESTER	R ROAD															
City:	SWARTHMO	RE						State:		PA			Zip Cod	l e: 19	081			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		P	OST-	3. X		AMENDMENT Yes REPORT?				0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	٨	0	√
report type)	ANNUAL REPOR	T 7.	Year 2015					NG MET		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:			-			DATE	OI	F ELE	СТІС	N	District Number	Office Code	Pai	ty Cod	Code	
								МО		DAY	YI	AR						
									11		3	2015		(SEE INS	TRUCTI	ONS FOI	CODES)
	Receipts and	МО	DAY	YEAR				МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY	7	
Expenditures	Trom:		5 5	2	015	Т	0		6		8	2015						
A. Amount Bro	ught Forward Fro	om Last R	eport				\$				323,5	595.62						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	· I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 323,595.62																		
D. Total Expenditures (From Schedule III)									5,0	00.00								
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			3	318,5	95.62						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	/)			\$					0.00		•				
				AFF	ID/	١٧٢	T SE	CTIO	N									
PART I - If this is			_									_						
correct and comple) that this report, in ete.	icluaing th	e attacned sc	neaures	s file	a on	paper	or by ele	ectr	onic me	earum	, are to t	ne best o	r my knov	vieage	and be	iler , tr	ue
Sworn to and subs	cribed before me the day of	nis	20						•		S	ignature	of Perso	n Submitt	ing Re	oort		
	Signa	ture					-		•				Print	ted Name				-
My Commission Ex	cpires						_						Emai	I				
	МО	D	AY	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ief this	polit	tical	comm	ittee ha	s no	ot violat	ted an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc		s	20									Si	ignature o	of Candida	ite			-
-	day of		_ 20				_						Printe	d Name				-
	Signature	<u> </u>					-		_									_
My Commission Exp	ires												Emai	il				
	мо	D	AY	YR	t .		-			Area	Code		Da	ytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF DAVE WHITE	From:	<u>5/5/201</u>	<u>5</u> To:	6/8/2015
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

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 Candida	Name of Filing Committee or Candidate			Reporting Period						
			From:		То	:				
				DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

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.

(ZACI			ooiiticai comm			porteu			
Name of Filing Commit	tee or Candidate			Rep	orting P	eriod			
				Fro	m:		To) :	
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address			_					\$	0.00
City	s	State	Zip Code (Plus 4)					
						1			

Enter Grand Total of Part A 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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		A	MOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion	-	-	
Employer Mailing Address/Principal Place	e of Business	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	ummary Page,	Section	on 3.				PAGE TOTAL
							•	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 Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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>5/5/2015</u> To:	<u>6/8/2015</u>						
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 PART 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 Candidate			Reporting 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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period	Reporting Period				
				Fro	m:		To:				
						DATE			AMOUN	т	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								1	\$	0.00	
City	State		Zip Code(Plus 4)								
Employer of Contributor					Occup	oation					
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion	
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
FRIENDS OF DAVE WHITE	From	<u>5/5/2015</u>	То:	<u>6/8/2015</u>

					DATE			AMOUNT
To Wi	nom Paid			мо	DAY	YEAR		
UPPEI	R DARBY REPUBLICAN CAMPAIGN	PIO		ILAK				
Mailin	Mailing Address 5035 TOWNSHIP LINE ROAD				4	2015	\$	5,000.00
City	DREXEL HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19026	CAMPAI	GN CONTE	RIBUTION	l	
								PAGE TOTAL
Ente	r Grand Total of Expenditures o	\$	5,000.00					