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 :	i on 2014	0351			Repor Filed		CAND	IDATE		СОМ	MITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or Lo	obbyist:			-	DAVE W	HITE								
Street Address:	791 SOUTH C	HESTER	ROAD													
City:	SWARTHMOR	E					State:	PA			Zip Code: 19081					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D PRIM		POST-	3. X		AMENDM REPORT		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY CTION	POST-	POST- 6.			ATION ?	Yes	No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2015				NG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by Candida	te:					DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County Code	
			мо	DAY	Y	EAR										
11 3 2015												(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	Y	EAR	FC	R OFFIC	e use	ONLY		
Expenditures	s from:		5 5	20	015	0	6	5	8	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$	5		323,	595.62						
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I							0.00								
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		323,	595.62						
D. Total Expen	ditures (From Sch	edule II	[)			\$	\$		5,	000.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			5		318,	595.62	-					
	Kind Contribution		•		le II)	4	5			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()		4	\$			0.00						
				AFF	IDAV	IT SE	ECTION									
	s a Committee rep		-					• •		-	-					
I swear (or affirm correct and compl) that this report, inc ete.	luding the	attached sc	hedules	s filed or	paper	or by elec	tronic m	ediun	1, are to f	the best o	f my know	ledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of	S	20						:	Signature	e of Perso	n Submitt	ing Rep	oort		
	Signatu	ire				_					Prin	ted Name				
My Commission E	xpires					_					Ema	il				
	мо	DA	AY	YR				Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, (Candio	date shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of r ed.	ny knowle	edge and beli	ef this	political	com	nittee has i	not viola	ited a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,	
Sworn to and subso	ribed before me this day of		20							s	ignature o	of Candida	te			
											Printe	d Name				
Signature My Commission Expires								Email								
						_										
	мо	DA	AΥ	YR				Area	Code		D	aytime Te	lephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF DAVE WHITE From: <u>5/5/2015</u> **To:** 6/8/2015 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate			Re	porting	Period			
From				om:		То	•	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

4/30/2024 8:11:36 AM

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. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				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								

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			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address						\$	0.00	
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **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	Name of Filing Committee or Candidate			ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	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 Period		
FRIENDS OF DAVE WHITE	From:	<u>5/5/2015</u> то:	<u>6/8/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ΓF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting	g Period			
	From: To:						
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting P	eriod				
				From: To:						
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	I					Occupat	tion			
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	f Contribution
										PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
FRIENDS OF DAVE WHITE				From <u>5/5/2015</u> To:				
		AMOUNT						
To Whom Paid UPPER DARBY REPUBLICAN CAMPAIGN COMMITTEE				DAY	YEAR			
Mailing Address 5035 TOWNSHIP LI	NE ROAD		6	4	2015	\$	5,000.00	
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026		otion of Exp IGN CONT				
			_				PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).			\$	5,000.00	