

Campaign Finance Report

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

Filer Identification Number : 20140351		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DAVE WHITE										
Street Address: 791 SOUTH CHESTER ROAD										
City: SWARTHMORE			State: PA	Zip Code: 19081						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	15	2015	TO	10	19	2015		
A. Amount Brought Forward From Last Report				\$		318,595.62				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		4,650.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		323,245.62				
D. Total Expenditures (From Schedule III)				\$		61,150.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		262,095.62				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall 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

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DAVE WHITE	From: <u>9/15/2015</u> To: <u>10/19/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 100.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 200.00
All Other Contributions (Part B)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 350.00

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)	\$ 4,200.00
TOTAL for the Reporting Period (3)	\$ 4,200.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 4,650.00
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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	Reporting Period
FRIENDS OF DAVE WHITE	From: <u>9/15/2015</u> To: <u>10/19/2015</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
IBEW LOCAL UNION 614				
Mailing Address PO BOX 32	6	15	2015	\$ 200.00
City WOODLYN State PA Zip Code (Plus 4) 19094				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL
	\$ 200.00

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 Candidate	Reporting Period
FRIENDS OF DAVE WHITE	From: <u>9/15/2015</u> To: <u>10/19/2015</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
JOHN & LINDA HOULDIN					
Mailing Address 3410 TYSON ROAD					\$ 150.00
City NEWTOWN SQUARE	6	15	2015		
State PA					
Zip Code (Plus 4) 19073					

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

PAGE TOTAL
\$ 150.00

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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 FRIENDS OF DAVE WHITE	Reporting Period From: <u>9/15/2015</u> To: <u>10/19/2015</u>
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				DATE	AMOUNT		
Full Name of Contributor VINCENT & CANDACE PHILLIPS				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1514 ROBINSON AVENUE				6	15	2015	
City HAVERTOWN	State PA	Zip Code (Plus 4) 19083					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor V. & LIDIA KOHUTIAK				MO	DAY	YEAR	\$ 300.00
Mailing Address 0				6	15	2015	
City HAVERFORD	State PA	Zip Code (Plus 4) 19041					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor ROBERT C. & JOAN M. BROD				MO	DAY	YEAR	\$ 300.00
Mailing Address 28 BROOKSIDE ROAD				6	15	2015	
City WALLINGFORD	State PA	Zip Code (Plus 4) 19086					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor RONALD L. BARRIOS				MO	DAY	YEAR	\$ 300.00
Mailing Address 227 RAMBLING WAY				6	15	2015	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Full Name of Contributor TRINA BRADBURD			MO	DAY	YEAR	\$ 300.00
Mailing Address 535 MISTY HOLLOW COURT			6	15	2015	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor DONALD E. & ANN MARIE MCCOY, JR.			MO	DAY	YEAR	\$ 500.00
Mailing Address 190 EAST MATTSON HOLLOW ROAD			6	15	2015	
City COATESVILLE	State PA	Zip Code (Plus 4) 19320				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 4,200.00

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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
				\$	0.00
Mailing Address					
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 FRIENDS OF DAVE WHITE	Reporting Period From: <u>9/15/2015</u> To: <u>10/19/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				PAGE TOTAL	0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DAVE WHITE	From <u>9/15/2015</u> To: <u>10/19/2015</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
FRIENDS OF PAUL MULLEN	6	10	2015	\$	10,000.00
Mailing Address PO BOX 2171					
City ASTON					
State PA					
Zip Code (Plus 4) 19014					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
JOHN MCBLAIN VICTORY COMMITTEE	6	10	2015	\$	5,000.00
Mailing Address 115 N. JACKSON STREET					
City MEDIA					
State PA					
Zip Code (Plus 4) 19063					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
DELAWARE COUNTY REPUBLICAN FINANCE COMMITTEE	8	3	2015	\$	1,150.00
Mailing Address 323 W. FRONT STREET					
City MEDIA					
State PA					
Zip Code (Plus 4) 19063					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
FRIENDS OF BILL ADOLPH	8	17	2015	\$	2,500.00
Mailing Address PO BOX 303					
City SPRINGFIELD					
State PA					
Zip Code (Plus 4) 19064					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
JOHN MCBLAIN VICTORY COMMITTEE	8	26	2015	\$	2,000.00
Mailing Address 115 N. JACKSON STREET					
City MEDIA					
State PA					
Zip Code (Plus 4) 19063					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
HOUSE REPUBLICAN CAMPAIGN COMMITTEE	8	31	2015	\$	7,500.00
Mailing Address 500 N. 3RD STREET, #4					
City HARRISBURG					
State PA					
Zip Code (Plus 4) 17101					
Description of Expenditure CAMPAIGN CONTRIBUTION					

To Whom Paid FRIENDS OF PAT TOOMEY, INC.			MO	DAY	YEAR	\$	1,000.00
Mailing Address 1180 WELSH ROAD STE. 100			9	9	2015		
City NORTH WALES	State PA	Zip Code (Plus 4) 19454	Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid MIDDLETOWN TOWNSHIP REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$	1,000.00
Mailing Address PO BOX 445			10	6	2015		
City LIMA	State PA	Zip Code (Plus 4) 19037	Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid GLENOLDEN REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$	1,000.00
Mailing Address PO BOX 12			10	8	2015		
City GLENOLDEN	State PA	Zip Code (Plus 4) 19036	Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid NEW GENERATION 1 PAC			MO	DAY	YEAR	\$	30,000.00
Mailing Address 1701 SPRING GARDEN STREET			10	8	2015		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130	Description of Expenditure CAMPAIGN CONTRIBUTION				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	61,150.00

