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 :	ion	2015	0043			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		FRIE	ND:	S OF	MARTINA	WHIT	Έ							
Street Address:	РО В	OX 1604	1															
City:	PHILA	ADELPHI <i>l</i>	A						State:	PA			Zip Cod	de: 19	9114			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRI	<u>-</u> 5	5.	30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	No	~	
report type)	ANNUAL	REPORT	7. X	Year 2016					NG METHO				PAPER		\	DISKE	TTE	
Name of Office S	ought by	Candidat	te:				-		DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
REPRESENTATI	VF IN TH	F GENER	AL ASS	FMBI Y					МО	DAY	YE	AR	170		51			
									11		8	2016		ODES)				
Summary of Expenditures		and	МО	DAY	YEAF	016	T	^	МО	DAY		AR 2016		R OFFI	CE USE	ONLY		
						016			12	•	31	2016	ļ					
A. Amount Bro B. Total Monet					n Sche	dula	T۱	\$			2/,:	0.00						
C. Total Funds					- Sche	uuie	-,	\$			27.		-					
D. Total Expens				-				\$.53.42						
-					<u></u>			\$					_					
F. Value Of In-						le II	`	\$			8,9	0.00	-					
G. Unpaid Debt						16 11	,	\$ \$				0.00						
					AFF	IDA	VI		CTION				<u> </u>					
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign						eport, c	andi	date sig	jn here.					
I swear (or affirm)		eport, incl	uding the	attached so	hedule	s filed	l on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	scribed befo	ore me this	i	20							S	ignature	of Perso	n Submit	ting Rep	ort		
													Prin	ted Name				
My Commission Ex	kpires	Signatuı	re			_							Ema					
11y commission 22		мо	DA	λΥ	YR			-		Are	ea Cod	le		ie Telepl	none Nui	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	e, Ca	andida	ate shall	sign he	ere.]
I swear (or affirm) No 320) as amende		e best of m	ny knowle	edge and bel	ief this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	1
Sworn to and subsc	ribed befor	e me this										Si	ignature (of Candid	ate			
	day of							-					Drint	ed Name				
	ç	Signature						-						.u 14ame				
My Commission Exp		•											Ema	il				
	_	мо	DA	λΥ	YR	l		•		Area	Code		D	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MARTINA WHITE	From:	11/29/201	<u>б</u> То:	12/31/2016
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

Name of Filing Comm	nittee or Candidate		Reporting Period						
			From:		То	:			
		I		DATE			AMOUNT		
Full Name of Contribut	ing Committee		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

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 Canadate				Reporting Period From: To:				
			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			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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		To) :	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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 Ca	ndidate		Repor	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 on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	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 P	eriod	
FRIENDS OF MARTINA WHITE	From:	11/29/2016 To :	12/31/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUT	OR	
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 Candid	ate		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

			ı				
Name of Filing Committee or Cand	idate		Reportii	ng Period			
FRIENDS OF MARTINA WHITE			From	11/2	9/2016	То:	12/31/2016
				DATE			AMOUNT
To Whom Paid TD BANK			мо	DAY	YEAR		
Mailing Address 701 E. STREET	ROAD		11	30	2016	<u> </u>	10.00
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19053	Descrip BANK F	otion of Exp	enditure	!	
To Whom Paid RED MAVERICK MEDIA			мо	DAY	YEAR		
Mailing Address 403 N 2ND ST	STE 2		12	1	2016	\$	6,700.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		otion of Exp			DOUTS
To Whom Paid PETERSON, FIEO & D. LLP			мо	DAY	YEAR		
Mailing Address 103 CHELSEY	DRIVE LAFAYETTE E	BLDG., STE. 102	12	1	2016	\$	1,250.00
City MEDIA	State PA	Zip Code (Plus 4) 19063		otion of Exp 1090 - AC			CES
To Whom Paid RUSSIAN YELLOW PAGES		·	мо	DAY	YEAR		
Mailing Address 1300 INDUSTR	RIAL BLVD. STE. 20	4	12	1	2016	\$	600.00
City SOUTHAMPTON	State PA	Zip Code (Plus 4) 18966		otion of Exp			
To Whom Paid MARANO TRUCK LINES AND WAR	EHOUSE		мо	DAY	YEAR		
Mailing Address 9820 BLUE GR	ASS RD.		12	1	2016	\$	1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19114	ı	otion of Exp			

						PAGE	12	
To Whom Paid PHILLY STEAKS & amp; HOAGIES				DAY	YEAR			
Mailing Address 23 N. 4TH STREET				1	2016	\$	397.50	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CHECK 1093 - EVENT FOOD EXPENSE					
To Whom Paid HILTON				DAY	YEAR			
Mailing Address 234 W 42ND STREET				5	2016	\$	2,011.41	
City NEW YORK	State NY	Zip Code (Plus 4) 10036	Description of Expenditure LODGING					
To Whom Paid HILTON				DAY	YEAR			
Mailing Address 234 W 42ND STREET			12	5	2016	\$	1,829.23	
City NEW YORK	State NY	Zip Code (Plus 4) 10036	Description of Expenditure LODGING					
To Whom Paid HILTON				DAY	YEAR			
Mailing Address 234 W 42ND STREET			12	5	2016	\$	1,545.85	
City NEW YORK	State NY	Zip Code (Plus 4) 10036	Description of Expenditure LODGING					
To Whom Paid DIGITAL TOUCH INC.				DAY	YEAR			
Mailing Address 224 W. 35TH STREET SUITE 1302			12	16	2016	\$	103.43	
City NEW YORK	State NY	Zip Code (Plus 4) 10001	1	escription of Expenditure AMPAIGN BUSINESS CARDS				
To Whom Paid BROAD STREET MEDIA				DAY	YEAR			
Mailing Address 53 HADDONFIELD RD.				21	2016	\$	726.00	
City CHERRY HILL	State NJ	Zip Code (Plus 4) 08002	Description of Expenditure NEWSPAPER AD					

							TAGE 13
To Whom Paid USPS	МО	DAY	YEAR				
Mailing Address 10380 DRUMMOND RD				28	2016	\$	70.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154	Description of Expenditure P.O. BOX				
To Whom Paid ACADEMY EXPRESS	МО	DAY	YEAR				
Mailing Address 2042 MOUNT HOLLY RD.			12	30	2016	\$	1,650.00
City BURLINGTON	State NJ	Zip Code (Plus 4) 08016	Description of Expenditure TRANSPORTATION				
To Whom Paid ST. ANSELM YOUTH				DAY	YEAR		
Mailing Address 12670 DUNKS FERRY ROAD			12	30	2016	\$	250.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154	Description of Expenditure DONATION				
To Whom Paid TD BANK				DAY	YEAR		
Mailing Address 701 E. STREET ROAD				30	2016	\$	10.00
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19053	Description of Expenditure BANK FEES				
Enter Grand Total of Expend	litures on Page 1 Po	nort Cover Page Ttem D					PAGE TOTAL
Linter Grand Total OF Expent	iitures on Page 1, Re	port Cover Page, Item D	•			\$	18,153.42