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 20	140351				Rep			CA	NDII	DATE		СОМИ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	lidate or L	.obbyis	st:	Ţ,	WHIT	ΓE,	DAVE	FRI	END:	S OF								
Street Address:	300 WEST	STATE ST	REET,	SUITE	206														
City:	City: MEDIA						State:				PA			Zip Code: 19063					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND I PRIM	FRIDAY ARY	/ PRE-	2		30 DA PRIMA		Р	OST-	3.		AMENDMENT Yes REPORT?				lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND I	FRIDAY TION	/ PRE	- 5		30 DA		Р	OST-	6. X	(TERMINATION Yes REPORT?					/
report type)	ANNUAL REPOR	RT 7.	Year	2017					NG ME		_			PAPER		\	DISK	ETTE	
Name of Office Sought by Candidate:									DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pai	rty Cod	e Cour	
									МО		DAY	Y	'EAR						
										11		7	2017		(SEE INS	STRUCTI	ONS FO	R CODES	6)
Summary of Expenditures		МО	DA		YEAR		_	_	МО		DAY		/EAR	FO	R OFFIC	E USE	ONL	1	
			10	24	20	017	T	U		11	- 7	27	2017						
A. Amount Bro	ught Forward Fi	om Last F	Report					\$,873.97						
B. Total Moneta	ary Contribution	s And Re	ceipts	(From	Sched	dule :	I)	\$				11,	,450.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 159,323.97																			
D. Total Expenditures (From Schedule III) \$ 35,000.00																			
E. Ending Cash	Balance (Subtr	act Line D	From	Line C	E)			\$			-	124,	323.97						
	Kind Contribution					e II)		\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Sched	ule IV)			\$					0.00						
					AFF:	IDA	VI	ΓSE	CTIC	NC									
PART I - If this is		-		_									_						
I swear (or affirm) correct and comple		ncluding th	e attacl	ned sch	edules	filed	on	paper	or by e	electr	onic m	ediur	n, are to t	the best o	f my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed before me t day of	:his	20										Signature	of Perso	n Submitt	ing Re	port		_
	Signa	ature	_					-						Prin	ted Name	1			
My Commission Ex	pires							_						Emai	il				
	МО	D	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		\perp
Part II- If this is	a report of a ca	ndidate's	autho	rized	Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge ar	nd belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me th day of	nis	20										s	ignature o	of Candida	ite			_
			_ 20 					-						Printe	d Name				- $ $
	Signatuı	re						-											_
My Commission Exp	ires													Emai	II.				
	мо	D	PAY		YR			•			Area	Code	1	Da	ytime Te	elephoi	ne Nun	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WHITE, DAVE FRIENDS OF	10/24/20	<u>17</u> To:	11/27/2017	
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)			\$	250.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	250.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	10,000.00
All Other Contributions (Part D)			\$	1,200.00
TOTAL for the Reporting	Period	(3)	\$	11,200.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
			1	
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			\$	11,450.00

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 Candidate	Reporting) Period		
WHITE, DAVE FRIENDS OF	From:	10/24/2017	То:	11/27/2017
		DATE		AMOUNT

Full Name of Contributing Committee FRIENDS OF STEPHEN BARRAR	МО	DAY	YEAR			
Mailing Address 1620 BALTIMORE PIKE						\$ 250.00
City CHADDS FORD	State PA	Zip Code (Plus 4) 19317		14	2017	

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

PAGE TOTAL \$ 250.00

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 Filing Committee or Candida	ite		Rep	oorting P	eriod			
			Fro	m:		To	o:	
					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 P	eriod		
WHITE, DAVE FRIENDS OF	From:	10/24/2017	То:	11/27/2017

DATE AMOUNT

Full Name of Contributing Committee IBEW PAC VOLUNTARY FUND	МО	DAY	YEAR	
Mailing Address 900 SEVENTH STREE				\$ 10,000.00
City WASHINGTON	11	14	2017	

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

PAGE TOTAL10,000.00

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.)

WHITE, DAVE FRIENDS OF From: 10/24/2017 To: 11/27/2017 DATE AMOUNT Full Name of Contributor EDWARD HAZZOURI Mailing Address 46 WARWICK ROAD City HADDONFIELD State NJ 08033 Employer Name City State Zip Code (Plus 4) Full Name of Contributor JOSEPH F. MCGINN Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) 11 14 2017 \$ 600.00 Full Name of Contributor JOSEPH F. MCGINN Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) 11 14 2017 \$ 600.00 Employer Name City State Zip Code (Plus 4) Full Name of Contributor JOSEPH F. MCGINN Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) Full Name of Contributor JOSEPH F. MCGINN Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR State Zip Code (Plus 4) State Zip Code (Plus 4) Full Name of Contributor JOSEPH F. MCGINN City ASTON State Zip Code (Plus 4) Employer Name City State Zip Code (Plus 4)	Name of Filing Committee or Candidate	Reporting Period									
Full Name of Contributor EDWARD HAZZOURI Mailing Address 46 WARWICK ROAD City HADDONFIELD State NJ 08033 Employer Name Occupation Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) MO DAY YEAR \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 \$ 600.00 City State Zip Code (Plus 4) 11 14 2017	WHITE, DAVE FRIENDS OF			Fror	n:	10/24/2	<u>017</u> To	: 11/27/2017			
EDWARD HAZZOURI Mailing Address 46 WARWICK ROAD City HADDONFIELD State NJ 08033 City HADDONFIELD State NJ 08033 City HADDONFIELD City State State NJ 08033 City State State NJ 08033 City State State State State NJ 08033 City State					D	ATE		AMOUNT			
### Address					МО	DAY	YEAR				
Address 45 WARWICK ROAD City HADDONFIELD State NJ 08033 11 14 2017 \$ 600.00 Employer Name Occupation Full Name of Contributor JOSEPH F. MCGINN MO DAY YEAR Address 39 VENUTI DRIVE \$ 600.00 City ASTON State Zip Code (Plus 4) 11 14 2017 \$ 600.00 Employer Name Occupation State Zip Code (Plus 4) 19014 11 14 2017 \$ 600.00	EDWARD HAZZOURI										
Employer Name Employer Mailing Address/Principal Place of Business Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Mo DAY YEAR Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Full Name of Contributor JOSEPH F. MCGINN State PA State PA State PA State PA State PA State Stat											
Employer Name City State Zip Code (Plus 4) Full Name of Contributor JOSEPH F. MCGINN Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) State Zip Code (Plus 4) \$ 600.00 Employer Name Occupation	City HADDONFIELD	State	Zip Code (Plus	5 4)	1 11	14	2017				
Employer Mailing Address/Principal Place of Business Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) 11 14 2017 Employer Name Occupation Employer Mailing Address/Principal Place of City State Zip Code (Plus 4)	NJ 08033										
Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Mailing Address 39 VENUTI DRIVE City ASTON State PA Tip Code (Plus 4) 11 14 2017 Employer Name Occupation City State Zip Code (Plus 4) 19014 City State Zip Code (Plus 4)	Employer Name				Occupat	tion		•			
Full Name of Contributor JOSEPH F. MCGINN Mo DAY YEAR Mailing Address 39 VENUTI DRIVE City ASTON State PA Tip Code (Plus 4) 11 14 2017 Employer Name Occupation City State Zip Code (Plus 4) 19014 City State Zip Code (Plus 4)											
Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) 11	Employer Mailing Address/Principal Place of City Business					State		Zip Code (Plus 4)			
Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) 11											
Mailing Address 39 VENUTI DRIVE City ASTON State Zip Code (Plus 4) 11	Full Name of Contributor				мо	DAY	VEAD				
Address \$ 59 VENOTI DRIVE \$ 600.00 City ASTON State Zip Code (Plus 4) 11 14 2017 Employer Name Occupation City State Zip Code (Plus 4)	JOSEPH F. MCGINN				MO	DAI	ILAK				
City ASTON State Zip Code (Plus 4) 19014 Employer Name Occupation Employer Mailing Address/Principal Place of City State Zip Code (Plus 4)											
Employer Name Occupation Employer Mailing Address/Principal Place of City State Zip Code (Plus 4)	City ASTON	State	Zip Code (Plus	s 4)	11	14	2017				
Employer Mailing Address/Principal Place of City State Zip Code (Plus 4)		PA	19014								
	Employer Name		I		Occupat	tion		1			
(Rusiness	Employer Mailing Address/Principal Place Business	e of	City		1	State		Zip Code (Plus 4)			
	545/11055										
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. PAGE TOTAL	inter Grand Total of Part C on Schedule T. Detailed Summary Page. See				nn 3			PAGE TOTAL			
\$ 1,200.00	nter Grand Total of Part C on Schedule 1, Detailed Summary Page,										

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 C	Reporting Period							
			From:			To:		
				D	ATE		АМ	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL
	Juliania I Detaile	a cannual y 1 age,	2001011	••			\$	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 Peri	od	
WHITE, DAVE FRIENDS OF	From:	<u>10/24/2017</u> To:	11/27/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 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 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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
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	taile	ed				PAGE TOTAL 0.00

20,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
WHITE, DAVE FRIENDS OF	From	10/24	<u>1/2017</u>	То:	11/27/2017
	DATE AMOUNT				
To Whom Paid COMMITTEE FOR DELAWARE COUNTY'S FUTURE	мо	DAY	YEAR		

10

26 2017

Mailing Address 323 WEST FRONT STREET

City MEDIA	PA	19063	Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid COMMITTEE FOR DELAWARE COUNTY'S	S FUTURE		МО	DAY	YEAR		
Mailing Address 323 WEST FRONT S	TREET		10	30	2017	\$	15,000.00
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CAMPAIGN CONTRIBUTION				
					ĺ		DACE TOTAL

	PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$ 35,000.00			