# **Campaign Finance Report**

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

Filer Identificat Number :	ion 2014	40351			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST	
	Committee, Candid	late or L	obbyist:			-	DAVE WH							
Street Address:														
City:	MEDIA						State:	PA		Zip Co	<b>de:</b> 19	063		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 D/ PRIM		POST-	3.	AMENDI REPORT		Yes	Nc	<ul> <li>✓</li> </ul>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY F TION	POST- 6	5.	TERMIN REPORT		Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2017					DD NE		PAPER		$\checkmark$	DISKE	TTE
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					•
							11		7 2017		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of Expenditures	Receipts and	мо	DAY	YEAR		_	мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
	5 110111.		11 28	20	017 <b>T</b>	0	12	3	1 2017	<u>'</u>				
	ought Forward From		•			\$		1	24,323.97	4				
	ary Contributions			1 Sche	dule I)	\$	5		0.00	-				
	Available (Sum O					\$		1	24,323.97	4				
	ditures (From Sch		-			\$			5,400.21	4				
	Balance (Subtrac			-	>	\$		1:	18,923.76	-				
	Kind Contribution		•		le 11)	\$			0.00	-				
	ts And Obligations		Schedule 1			\$			0.00					
DADT I - If this i	s a Committee rep	ort traz	surer sign				CTION	port ca	ndidato ci	an horo				
	) that this report, inc	•	-							-		vledge	and beli	ef , true
-	scribed before me thi day of	s	20						Signatur	e of Perso	on Submitt	ing Rep	oort	
	Signatu					-				Prir	nted Name			
My Commission E	-	ire								Ema	ail			
	мо	D	AY	YR		-		Area	a Code	Daytin	ne Teleph	one Nu	mber	
	a report of a can ) that to the best of r ed.							-		sions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me this day of		20						S	Signature	of Candida	ite		
						-				Printe	ed Name			
My Commission Ex	Signature pires					-		Email						
	мо	D	AY	YR				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>11/28/2017</u> To: <u>12/31/2017</u> 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				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		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

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					
			From: To			<b>)</b> :				
					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		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
				PAGE TOTAL						
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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				leporting Period						
From:				m:			То:			
				D	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	<b>AGE TOTAL</b> 0.00		

### 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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 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 Perio	d									
FRIENDS OF DAVE WHITE	From:	<u>11/28/2017</u> то:	<u>12/31/2017</u>								
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)										
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			Reporting Period						
				From:			То:		
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.					je,	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:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					<b>PAGE TOTAL</b> 0.00					

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing	Name of Filing Committee or Candidate				Reporting Period						
FRIENDS OF DAVE WHITE					<u>11/2</u>	<u>8/2017</u>	То:	<u>12/31/2017</u>			
					DATE	AMOUNT					
To Whom Paid				мо	DAY	YEAR					
FRIENDS OF JO	E MCGINN										
Mailing Address				12	14	2017	\$	5,400.21			
City MEDIA		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		PA	19063	CAMPA	IGN CONTR	RIBUTION	l				
								PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								5,400.21			