### **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 201	40351				port ed B		CAND	IDATE		СОМ	1ITTEE	<b>✓</b>	LOBE	BYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		FRII	END	S OF	DAVE W	HITE							
Street Address:	300 WEST S	TATE ST	REET,SUITE	206												
City:	MEDIA							State:	PA			Zip Cod	le: 19	9063		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	<b>~</b>
report type)	ANNUAL REPOR	<b>7</b> . <b>X</b>	<b>Year</b> 2017					IG METH CHECK O				PAPER		$\checkmark$	DISKE	ГТЕ
Name of Office S	Sought by Candid	ate:						DATE (	)F ELE	CTIC	DN .	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YI	EAR	Number	Code			code
								11		7	2017	7 (SEE INSTRUCTIONS FOR COL				
Summary of Expenditures	Receipts and	МО	DAY	YEAR	l			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
			11 28	20	017	<b>T</b>	0	12	2	31	2017					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			124,	323.97					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available (Sum (	of Lines A	and B)				\$			124,	323.97					
D. Total Expend	ditures (From Sc	nedule II	I)				\$			5,4	400.21					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	)			\$		:	118,9	23.76					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	hedu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			•		
				AFF	ID/	AVI	T SE	CTION								
PART I - If this is	s a Committee re	port, trea	surer sign h	ere. 1	[f th	nis is	a Can	ndidate r	eport, (	candi	date sig	ın here.				
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached sche	edules	file	d on	paper (	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me th	is	20							5	Signature	of Perso	1 Submit	ting Rep	ort	
							- -					Prin	ted Nam	e		
My Commission Ex	Signat cpires	uie										Emai	il			
	мо	D	AY	YR			_		Ar	ea Co	de	Daytim	e Telep	hone Nu	mber	_
Part II- If this is	a report of a car	ndidate's	authorized C	Comm	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		my knowl	edge and belief	f this	polit	itical	commi	ittee has ı	not viola	iolated any provisions of the act of June 3,1937 (P.L. 1333,						
Sworn to and subsc		5									s	ignature o	f Candid	late		
	day of						-					Drints	d Name			
	Signature						-									
My Commission Exp	_											Ema	il			
	МО	D	AY	YR			-		Area	Code		Da	ytime 1	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DAVE WHITE	From:	11/28/201	<u>7</u> To:	12/31/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Reporting Period					
		From:			То	:		
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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

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			Rep Fro					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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			
			Fror	n:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	PAGE TOTAL 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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	riod	
FRIENDS OF DAVE WHITE	From:	<u>11/28/2017</u> <b>To:</b>	12/31/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	PR	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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 Candidate					Re	porting F	Period			
					Fro	om:		То:		
							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 Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	ption (	of Contribution
Enter Grand Total of Part G on School Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DAVE WHITE	From	11/28/2017	То:	12/31/2017

				DATE			AMOUNT				
To Whom Paid FRIENDS OF JOE MCGINN	мо	DAY	YEAR								
Mailing Address 50 S. PROVIDENCE ROAD				14	2017	\$	5,400.21				
City MEDIA	State PA	<b>Zip Code (Plus 4)</b> 19063	1 -	otion of Exp							
Enter Grand Total of Evnenditures		PAGE TOTAL									
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							5,400.21				