### **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 2014	10351				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	late or L	obbyist:		FRIE	END	S OF	DAVE WI	HITE									
Street Address:	300 WEST ST	ATE STI	REET,SUITE	206														
City:	MEDIA							State: PA					<b>Zip Code:</b> 19063					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDM REPORT		Yes	No	•	<b>\</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION				30 DA		POST-				ATION	Yes	No		<b>/</b>	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018				FILING METHOD ( ) CHECK ONE					PAPER		<b>\</b>	DISKE	TTE		
Name of Office S	Sought by Candida	ite:	-					DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun		
	· ,							МО	DAY	YE	AR	Number	10000			couc		
								11		6	2018		(SEE IN	STRUCTI	ONS FOR C	ODES	)	
	Receipts and	МО	DAY	/EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	irom:		5 1	20	018	Т	<u> </u>	6		4	2018							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			12,4	123.76							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$				0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			12,4	123.76							
D. Total Expenditures (From Schedule III)						\$				0.00								
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)	)			\$			12,4	23.76							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedul	e II	[)	\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•				
				AFF	IDA	٩VI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	f th	is is	a Can	ndidate re	eport, o	candio	date sig	ın here.						
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sche	dules	filed	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue	
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort			
	Signatu	ıre					-					Prin	ted Name	e			-	
My Commission Ex	cpires											Ema	il				_	
	мо	D	AY	YR					Ar	ea Cod	e	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized C	omm	itte	e, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-	
	day of ————————————————————————————————————						-					Printe	d Name				-	
	Signature						-										_	
My Commission Exp	ires											Ema	II .					
	мо	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	-	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS OF DAVE WHITE	From:	<u>5/1/201</u>	<u>8</u> To:	6/4/2018			
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 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

		ly contributions r lue from \$50.01 t			•				
Name of Filing Committee or Candidate Re			Reporting Period						
			Fr	om:		То	:		
					DATE			AMOUNT	
Full Name of Contributing Comm	nittee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							$\overline{}$	PAGE 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 Filling Committee of Candidate			Rep	oorting P	eriod			
Fr						0:		
					DATE		АМ	OUNT
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				ng 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				Reporting Period					
Fron					То	:			
			D/	<b>ATE</b>		АМ	OUNT		
			МО	DAY	YEAR				
Mailing Address						\$	0.00		
State	Zip Code (Plus	s <b>4</b> )							
			Occupat	ion					
e of	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00		
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4)  Occupation  Other State	State Zip Code (Plus 4)  Occupation  Occupation  Other State  Occupation  Output  Outp	DATE AM  MO DAY YEAR  \$ State Zip Code (Plus 4)  Occupation  City State Zip Code		

## 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	Name of Filing Committee or Candidate				od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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	iod	
FRIENDS OF DAVE WHITE	From:	<u>5/1/2018</u> <b>To:</b>	6/4/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Can	Name of Filing Committee or Candidate Re							
			From:			To:		
				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	Schedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pa	ge,		PAGE TOTAL	
Section 2.	·			-		\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting	Period					
					Fro	From:				То:		
					•		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$	0.00	
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•					Occupa	ation					
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution	
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00	

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			\$	0.00