

Campaign Finance Report

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

Filer Identification Number : 20140351		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: WHITE, DAVE FRIENDS OF										
Street Address: 300 WEST STATE STREET,SUITE 206										
City: MEDIA			State: PA		Zip Code: 19063					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	17	2019		10	21	2019		
A. Amount Brought Forward From Last Report				\$		90,623.76				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		3,500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		94,123.76				
D. Total Expenditures (From Schedule III)				\$		41,299.02				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		52,824.74				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
WHITE, DAVE FRIENDS OF	From: <u>9/17/2019</u> To: <u>10/21/2019</u>

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)	\$ 1,000.00
All Other Contributions (Part D)	\$ 2,500.00
TOTAL for the Reporting Period (3)	\$ 3,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,500.00
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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: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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: _____

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

PAGE TOTAL
\$ 0.00

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

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 WHITE, DAVE FRIENDS OF	Reporting Period From: <u>9/17/2019</u> To: <u>10/21/2019</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
REMINGTON & VERNICK PAC				\$ 1,000.00
Mailing Address 232 KINGS HIGHWAY EAST	8	13	2019	
City HADDONFIELD State NJ Zip Code (Plus 4) 08033				

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

PAGE TOTAL
\$ 1,000.00

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 WHITE, DAVE FRIENDS OF	Reporting Period From: <u>9/17/2019</u> To: <u>10/21/2019</u>
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	DATE			AMOUNT
Full Name of Contributor EILEEN PFAFF	MO	DAY	YEAR	\$ 2,500.00
Mailing Address 535 13TH AVENUE	7	29	2019	
City PROSPECT PARK				
State PA				
Zip Code (Plus 4) 19076				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 2,500.00

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: _____ To: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR	\$	
Mailing Address					0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 WHITE, DAVE FRIENDS OF	Reporting Period From: <u>9/17/2019</u> To: <u>10/21/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor			MO	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-Kind Contributions Detailed Summary Page, Section 2.						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: To:

				DATE	AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code(Plus 4)				
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00	

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
WHITE, DAVE FRIENDS OF	From <u>9/17/2019</u> To: <u>10/21/2019</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
BETHEL REPUBLICAN ORGANIZATION	6	21	2019	\$	5,000.00
Mailing Address PO BOX 665					
City CHESTER HEIGHTS					
State PA					
Zip Code (Plus 4) 19017					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
DELAWARE COUNTY REPUBLICAN WOMEN'S COMMITTEE					
Mailing Address 323 WEST FRONT STREET	8	21	2019	\$	300.00
City MEDIA					
State PA					
Zip Code (Plus 4) 19063					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
REGULAR REPUBLICAN ORGANIZATION OF NORWOOD					
Mailing Address 18 MARTIN LANE	9	30	2019	\$	5,000.00
City NORWOOD					
State PA					
Zip Code (Plus 4) 19074					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
DELAWARE COUNTY REPUBLICAN FINANCE COMMITTEE					
Mailing Address 323 WEST FRONT STREET	10	10	2019	\$	25,000.00
City MEDIA					
State PA					
Zip Code (Plus 4) 19063					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
UPPER DARBY REPUBLICAN CAMPAIGN COMMITTEE					
Mailing Address 5035 TOWNSHIP LINE ROAD	10	10	2019	\$	1,500.00
City DREXEL HILL					
State PA					
Zip Code (Plus 4) 19026					
Description of Expenditure CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
GEORGE DAWSON FOR JUDGE					
Mailing Address 300 WEST STATE STREET SUITE 206	10	21	2019	\$	1,000.00
City MEDIA					
State PA					
Zip Code (Plus 4) 19063					
Description of Expenditure CAMPAIGN CONTRIBUTION					

To Whom Paid FAINTING GOAT RESTAURANT			MO	DAY	YEAR	\$ 3,499.02
Mailing Address 105 S. MACDADE BLVD.			10	21	2019	
City GLENOLDEN	State PA	Zip Code (Plus 4) 19036	Description of Expenditure NAUGHTON-BECK FUNDRAISER			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 41,299.02

