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	20200	20491			Repo Filed		/:	CANDI	DATE	✓	co	OMMITTE		LOBI	BYIST			
Name of Filing	Committee,	Candida	ite or L	obbyist:		WHITE	Ξ, Ν	1ART	INA A										
Street Address:																			
City:									State:				Zip Cod	Zip Code: 19154					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY					Y I ARY	POST- 3.			AMENDM REPORT?	ENT	Yes	No	,	/	
(place X to the right of	6TH TUESD/ PRE-ELECTI		4.					80 DA ELECT		POST-	6.		TERMINATION Yes REPORT?			No)		
report type)	ANNUAL R	EPORT	7.	Year 2020)				IG METHO CHECK O				PAPER		\checkmark	DISKE	TTE		
Name of Office	Sought by C	andidat	e:						DATE O)F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Count Code	ţy	
REPRESENTAT		CENED							мо	DAY	YE	AR	170	STH	REP		51		
KLPKLSLNIAI		GLINER	AL ASS						11		3	2020]	(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of		and	мо	DAY	YEAF	2			мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY			
Expenditure	s from:			1 1	1 2	020	тс)	5		18	2020							
A. Amount Bro	ought Forwa	rd From	Last R	eport				\$				0.00							
B. Total Monet	tary Contribu	utions A	nd Rec	eipts (From	m Sche	dule I)	\$			0.01								
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$				0.01							
D. Total Exper	nditures (Fro	om Sche	dule II	I)				\$				0.01							
E. Ending Cash	n Balance (S	ubtract	Line D	From Line	C)			\$				0.00	_						
F. Value Of In-	-Kind Contri	butions	Receiv	ed (From S	Schedu	le II)		\$				0.00	_						
G. Unpaid Deb	ts And Oblig	ations	(From S	Schedule I	V)			\$				0.00		·					
					AFF	IDAV	ΊT	SE	CTION										
PART I - If this i																		ų	
I swear (or affirm correct and comp		ort, inclu	uding the	e attached so	chedule	s filed o	n pa	aper o	or by elect	ronic m	edium,	are to	the best of	my know	ledge	and beli	ef , tru	ie.	
Sworn to and sub	scribed before day of	e me this		20							Si	gnatur	e of Person	Submitti	ng Rep	oort		-	
		Signatur	e				_						Print	ed Name				-	
My Commission E		2											Emai	l				-	
	мс)	D	AY	YR					Ar	ea Cod	9	Daytime	e Telepho	one Nu	mber			
Part II- If this is	a report of	i a cand	idate's	authorized	d Comr	nittee,	Ca	ndida	ate shall	sign h	ere.								
I swear (or affirm No 320) as amend		pest of m	y knowle	edge and be	lief this	s politica	al c	ommi	ittee has n	iot viola	ted any	rovis	ions of the	act of Ju	ne 3,1	937 (P.I	. 1333	,	
Sworn to and subscribed before me this day of 20												S	ignature o	f Candida	te			-	
day of 20													Printe	d Name				-	
My Commission Ex	-	nature											Emai	1				-	
																		.	
		мо	D	AY	YF	2				Area	Code		Da	ytime Te	lephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WHITE, MARTINA A From: <u>1/1/2020</u> **To:** 5/18/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.01 \$ **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 \$ 0.01 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: To:				:	
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	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 Candida	te		Rep	orting P	eriod					
			From: To			Тс):			
					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, Detail	ed Summary Pag	je, Se	ection 2	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, Sectio							\$	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 Re				Reporting Period					
From:				m: To:					
				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 Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 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			Report	ing Peric	d				
			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 Sched	ule 1, Detailed Sumn	nary 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 Period		
WHITE, MARTINA A	From:	<u>1/1/2020</u> To:	<u>5/18/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period					
	From:			То:				
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,		PAGE TOTA	AL.		
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
						То:			
					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 Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
WHITE, MARTINA A	From	<u>1/1/2020</u> To			<u>5/18/2020</u>				
	DATE AMO								
To Whom Paid No activity			мо	DAY	YEAR				
Mailing Address			5	18	2020	\$	0.01		
City N/A	State	Zip Code (Plus 4)	Description of Expenditure						
	Manual Adjusting Entry- Report will not submit online without any values. This entry is made to cancel out the corresponding unitemized \$.01 receipt entry on Sch I which is also a manual adjusting entry								
							PAGE TOTAL		
Enter Grand Total of Expend	atures on Page 1, R	eport Cover Page, Item I	υ.			\$	0.01		