### **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 2	0150043			Repor Filed		CAND	NDIDATE COMMITTEE V LOBBYIST							
Name of Filing C	Committee, Ca	ndidate or L	obbyist:	·V	WHITE	, MAR	TINA FR	IENDS	OF						
Street Address:	PO BOX 1	6041													
City:	PHILADEL -	PHIA					State:	PA			Zip Cod	de: 19	9114		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY				AY ARY	POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION				AY TION	POST-	POST- 6.			ATION ?	Yes	No	~
report type)	ANNUAL REP	<b>ORT</b> 7.	<b>Year</b> 2020		FILING METHO ( ) CHECK O						PAPER		<b>\</b>	DISKE	TTE
Name of Office S	Sought by Can	didate:	-			-	DATE (	OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
	,						МО	DAY	YE	AR	170	STH	REP		51
REPRESENTATI	REPRESENTATIVE IN THE GENERAL ASSEMBLY  11					1	3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)		
Summary of Expenditures		d MO	DAY YE	AR			МО	DAY	ΥI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures			3 7	20	20 7	ГО	Į.	5	18	2020					
A. Amount Bro	ught Forward	From Last R	eport			\$			79,0	93.05					
B. Total Moneta	ary Contributi	ons And Rec	eipts (From Sc	hed	lule I)	\$	;		10,7	700.00					
C. Total Funds	Available (Sui	n Of Lines A	and B)			\$			89,7	793.05					
D. Total Expend	ditures (From	Schedule II	I)			\$	;		12,0	40.55					
E. Ending Cash	Balance (Sub	tract Line D	From Line C)			\$	1		77,7	'52.50	]				
F. Value Of In-	Kind Contribu	tions Receiv	ed (From Sche	dule	e II)	\$	}			0.00					
G. Unpaid Debt	ts And Obligat	ons (From	Schedule IV)			\$	,			0.00			1		
			А	FFI	[DAV]	T SE	CTION								
PART I - If this is	s a Committee	report, trea	surer sign her	e. If	f this i	s a Ca	ndidate r	eport,	candi	date sig	jn here.				
I swear (or affirm) correct and comple		, including th	e attached schedu	iles	filed on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me day of	e this	20						S	ignature	of Perso	n Submit	ting Rep	ort	
	Sig	nature				_					Prin	ted Name	e		
My Commission Ex	cpires					_					Ema	il			
	МО	D	AY	YR				Ar	ea Cod	le	Daytin	ie Teleph	none Nu	mber	
Part II- If this is	a report of a	candidate's	authorized Cor	nmi	ittee, (	Candid	ate shall	l sign h	ere.						
I swear (or affirm) No 320) as amende		t of my knowl	edge and belief t	his p	political	comm	ittee has	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	1333,
Sworn to and subsc		this								s	ignature (	of Candid	ate		
	day of					_					Printe	ed Name			
	Signat	ure				_									
My Commission Exp	_									_	Ema	il	_	_	
	мо	D	AY	YR		_		Area	Code		D	aytime T	elephon	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
WHITE, MARTINA FRIENDS OF	From:	3/7/202	<u>0</u> To:	5/18/2020
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)		\$	500.00	
All Other Contributions (Part B)	\$	450.00		
TOTAL for the Reporting	\$	950.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	9,750.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	9,750.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	10,700.00

#### **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					
WHITE, MARTINA FRIENDS OF	From:	3/7/2020	То:	5/18/2020			
		DATE		AMOUNT			

Full Name of Contributing Committee 1776 PAC				DAY	YEAR	
Mailing Address 3031-A WALTON RD STE 201						<b>\$</b> 250.00
City PLYMOUTH MEETING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19462	5	1	2020	
Full Name of Contributing Committee HAPAC-STATE			МО	DAY	YEAR	
Mailing Address 30 NORTH THIRD STREET STE 600			_			<b>\$</b> 250.00
City HARRISBURG	State PA	Zip Code (Plus 4)	5	1	2020	

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

**PAGE TOTAL**\$ 500.00

### 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 Filing Committee or Candidat	Name of Filing Committee or Candidate				Reporting Period				
WHITE, MARTINA FRIENDS OF			Fror	m:	<u>3/7/</u>	2020 <b>T</b> o	):	5/18/2020	
		•			DATE			AMOUNT	
Full Name of Contributor James Peter Bushman				мо	DAY	YEAR			
Mailing Address 521 Forest Hills Ave						\$	100.00		
<b>City</b> Philadelphia	State	Zip Code (Plus 4)		4	6	2020			
'	PA	19116							
Full Name of Contributor Bobby Keyes				МО	DAY	YEAR			
Mailing Address 2205 Washington L	ane						\$	250.00	
City Huntingdon Valley	State	Zip Code (Plus 4)		4	6	2020			
, a gar a a,	PA	19006							
Full Name of Contributor William Lanzilotti				МО	DAY	YEAR			
Mailing Address 2845 S 16th Street							\$	100.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)		5	1	2020			
	PA	19145							
								PAGE TOTAL	

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

450.00

#### **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.

me of Filing Committee or Candidate Repo				Period				
WHITE, MARTINA FRIENDS OF			From:	<u>3/</u>	<u>7/2020</u>	то:	<u>5/18/2</u>	020
		•		DA	TE		AMOUN	IT
Full Name of Contributing Committee  DUANE MORRIS GOVT COM STATE & LC	OCAL FUND			МО	DAY	YEAR		
Mailing Address 30 SOUTH 17TH ST							\$	2,000.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code</b> 19103-4	<b>(Plus 4)</b> 4196	5 18		2020		
Full Name of Contributing Committee  Mechanical And Service Contractors Association MCA/SCA PAC					DAY	YEAR		
Mailing Address 721 Arbor Way Ste 4  City Blue Bell	0 State	Zip Code	e (Plus 4)	5	1	2020	\$	1,000.00
blue bell	PA	19422						
Full Name of Contributing Committee  Steamfitters Local Union No 420 Com. on Political Edu.				МО	DAY	YEAR		
Mailing Address 14420 Townsend Roa	ad Suite A						\$	5,000.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code</b> 19154	e (Plus 4)	5	1	2020		
Full Name of Contributing Committee The Pennsylvania Insurance PAC				МО	DAY	YEAR		
Mailing Address 1600 Market Street S	Suite 1720						\$	500.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code</b> 19103	e (Plus 4)	4	29	2020		
Full Name of Contributing Committee  Transport Workers Union Local 234 Cope Fund			МО	DAY	YEAR			
Mailing Address 500 N. 2nd St.				_		2022	\$	500.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code</b> 19123	e (Plus 4)	5	1	2020		

Full Name of Contributing Committee  Transport Workers Union Local 234 Cope Fund				DAY	YEAR	
Mailing Address 500 N. 2nd St.						<b>\$</b> 750.00
City Philadelphia	State	Zip Code (Plus 4)	5	1	2020	
	PA	19123				

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

PAGE TOTAL
\$ 9,750.00

## 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 Period					
			Fron	n: To:					
				D/	ATE	AMOUNT			
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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	eporting Period				
			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	E 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	iod						
WHITE, MARTINA FRIENDS OF	From:	3/7/2020 <b>To</b> :	<u>5/18/2020</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate			Reportin	eporting Period				
F				From: To:				
				DATE		AMOUNT		
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	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				Reporting Period								
					Fro	om:		To	ł			
							DATE				AMOUNT	•
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address										\$		0.00
City	State		Zip Code(I	Plus 4)								
Employer of Contributor						Occupa	ition					
Employer Mailing Address/Principal Place of Business		City		State		Zip Code(Plus 4)		Desc	Description of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL 0.00				

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
WHITE, MARTINA FRIENDS OF			From		7/2020	То:	5/18/2020		
				DATE			AMOUNT		
<b>To Whom Paid</b> Anedot				DAY	YEAR				
Mailing Address 450 Laurel Street. Suite 2105				9	2020	\$	14.25		
<b>City</b> Baton Rouge	<b>State</b> LA	<b>Zip Code (Plus 4)</b> 70801	Description of Expenditure  Merchant Processing Fee						
<b>To Whom Paid</b> Lauren E Casper			мо	DAY	YEAR				
Mailing Address 8632 Trumbauer Drive				21	2020	\$	3,000.00		
<b>City</b> Wyndmoor	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19038	Description of Expenditure Fundraising Services/Political Consulting						
To Whom Paid Jukus Campaign Finance PLLC			мо	DAY	YEAR				
Mailing Address 4031 Thicket Lane			3	26	2020	\$	400.00		
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	Description of Expenditure Accounting and Compliance Service						
<b>To Whom Paid</b> Jukus Campaign Finance PLLC	·		мо	DAY	YEAR				
Mailing Address 4031 Thicket Lane			4	2	2020	<b>\$</b>	15.50		
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	Description of Expenditure Shipping Reimbursement						
<b>To Whom Paid</b> Jukus Campaign Finance PLLC			мо	DAY	YEAR				
Mailing Address 4031 Thicket Lane			5	18	2020	<b>\$</b>	100.00		

Zip Code (Plus 4)

17110

**Description of Expenditure** 

Accounting and Compliance Service

State

PΑ

City

Harrisburg

							PAGE 13			
<b>To Whom Paid</b> News Paper Media Group	МО	DAY	YEAR							
Mailing Address 2 Executive Campus Ste 400				1	2020	\$	620.00			
City Cherry Hill	State Zip Code (Plus 4) NJ 08002				Description of Expenditure Advertisement					
To Whom Paid Push Digital LLC				DAY	YEAR					
Mailing Address 1401 Sam Rittenberg Blvd Ste 1				19	2020	\$	2,500.00			
<b>City</b> Charleston	State Zip Code (Plus 4) SC 29407				Description of Expenditure Digital Media Advertisements					
To Whom Paid Push Digital LLC				DAY	YEAR					
Mailing Address 1401 Sam Rittenh	ling Address 1401 Sam Rittenberg Blvd Ste 1				2020	\$	2,631.30			
<b>City</b> Charleston	State SC	<b>Zip Code (Plus 4)</b> 29407	Description of Expenditure Digital Media Advertisements							
<b>To Whom Paid</b> Push Digital LLC			МО	DAY	YEAR					
Mailing Address 1401 Sam Rittenberg Blvd Ste 1			4	17	2020	\$	123.75			
	State Zip Code (Plus 4) SC 29407									
<b>City</b> Charleston				 otion of Exp Media Adv		nts				
City Charleston  To Whom Paid Push Digital LLC						nts				
To Whom Paid	SC		Digital	Media Adv	ertisemer	nts \$	123.75			
To Whom Paid Push Digital LLC	SC		MO 5	Media Adv	YEAR 2020 penditure	\$	123.75			
To Whom Paid Push Digital LLC  Mailing Address 1401 Sam Rittent	SC  Derg Blvd Ste 1  State	29407  Zip Code (Plus 4)	MO 5	DAY  11  ption of Exp	YEAR 2020 penditure	\$	123.75			
To Whom Paid Push Digital LLC  Mailing Address 1401 Sam Rittent  City Charleston  To Whom Paid	overg Blvd Ste 1  State  SC	29407  Zip Code (Plus 4)	MO 5  Description Digital	DAY  11  btion of Exp Media Adv	YEAR  2020  Denditure ertisemer	\$	2,506.00			

To Whom Paid TD Bank			мо	DAY	YEAR			
Mailing Address 701 E Street Road			3	31	2020	\$	3.00	
City     Feasterville Trevose     State     Zip Code (Plus 4)       PA     19053			Description of Expenditure  Bank Fee					
To Whom Paid TD Bank			мо	DAY	YEAR			
Mailing Address 701 E Street Road			4	30	2020	\$	3.00	
City Feasterville Trevose	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19053	<b>Descrip</b> Bank Fe	otion of Exp	enditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Times of and i otal of Experience of Fuge 1/ Report cover Fuge/ Item 5						\$	12,040.55	