### **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	0351			Rep File			CANDI	NDIDATE COMMITTEE / LOBBYIST									
Name of Filing C	ommittee, Candid	ate or L	obbyist:	i	FRIE	END:	S OF I	DAVE WI	HITE									
Street Address:	300 WEST ST	ATE STI	REET,SUITE 2	206														
City:	MEDIA							State: PA					<b>Zip Code:</b> 19063					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	3. <b>X</b>	X AMENDMENT Yes REPORT?			Yes	No		/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE				Y I TON	POST-	6.		TERMINA REPORT		Yes	No		<b>/</b>	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020					IG METHO				PAPER		/	DISKE	TTE		
Name of Office S	ought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun		
	,							МО	DAY	YE	AR	- rumber	couc	<u> </u>		couc		
								11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)	)	
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	rrom:		5 19	20	020	T	0	6		22	2020							
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			52,5	74.74							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	I)	\$			5,2	250.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			57,8	324.74							
D. Total Expenditures (From Schedule III)							\$				0.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			57,8	24.74							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II	)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00							
			ļ	4FF	IDA	۱۷۲	ΓSE	CTION										
	a Committee rep	•							•									
I swear (or affirm) correct and complete	that this report, incete.	luding the	attached sche	dules	filed	d on p	paper o	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 this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort		_	
	Signatu	re	-				• •					Prin	ted Name	•			_	
My Commission Ex	pires											Ema	il				-	
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized Co	omm	itte	e, Ca	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	politi	ical	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						-					Drinta	d Name				-	
	Signature						-						vaiiie				_	
My Commission Exp	_											Ema	il					
	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:	5/19/202	<u>0</u> To:	6/22/2020
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)	-		\$	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)	\$	5,250.00
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			\$	5,250.00

#### **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						
			From: To:						
					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				Reporting Period From: To:					
				m:		):			
					DATE		AMOUNT		
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 Reportin			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					
			From:				То:		
				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 Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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					d			
FRIENDS OF DAVE WHITE	FRIENDS OF DAVE WHITE From:				5/19/202	<u>:0</u> To:	6/22/2020	
				D	ATE		AMOUNT	
Full Name FRIENDS OF RYAN GRACE				МО	DAY	YEAR		
Mailing Address PO BOX 1876							<b>\$</b> 250.00	
City MEDIA	<b>State</b> PA	<b>Zip Code (</b> 19063	Plus 4)	5	31	2020		
Receipt Description VOID CHECK #	240/NO REISSUE/NO	REPLACEM	ENT					
Full Name KILLION VICTORY COMMITTEE				МО	DAY	YEAR		
Mailing Address 323 WEST FRONT S	TREET			_			\$ 5,000.00	
City MEDIA	<b>State</b> PA	<b>Zip Code (</b> 19063	Plus 4)	5	31	2020		
Receipt Description VOID CHECK #	242/NO REISSUE/NO	REPLACEM	ENT					

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

**PAGE TOTAL \$**5,250.00

#### **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 Perio	od							
FRIENDS OF DAVE WHITE	From:	<u>5/19/2020</u> <b>To:</b>	6/22/2020						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
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 Candidate Re				Reporting Period					
	From:								
				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				Reporting	Period						
Fi					From:				То:		
						DAT	E			AMOUNT	
Full Name of Contributor					мо	DAY	,	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(Plus	4)							
Employer of Contributor					Оссир	ation					
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl )	us	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL	
Summary Page, Section 3.										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