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 20	20C049	1				Report		CA	NDI	DATE	*	C	OMMITTEE		LOB	BYIS	Т	
Name of Filing C	Committee, Can	didate or	Lo	bbyist:			VHITE,	MAR	TINA	Α		•							
Street Address:																			
City:	_								Stat	e:				Zip Cod	e: 19	9154			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FR PRIMAR		PRE-	2.	30 DA		Р	POST-	3.		AMENDME REPORT?	AMENDMENT Yes REPORT?				\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FR		PRE-	5. X	30 DA		Р	POST-	6.		TERMINAT REPORT?	TION	Yes		No	/
report type)	ANNUAL REPO	RT 7.	,	Year 20	020				NG M CHEC					PAPER				KETTE	
Name of Office S	ought by Candi	date:					-		DAT	ΓΕ Ο	F ELE	CT	ION	District Number	Office Code	Pai	rty Co	de Cou	
									мо		DAY		YEAR	170	STH	REF)	51	
REPRESENTATI	VE IN THE GEN	IERAL AS	SSE	MBLY						11		3	2020	 	(SEE IN	STRUCTI	ONS F	OR CODE	S)
	Receipts and	МО		DAY		YEAR			МО		DAY		YEAR	FOI	OFFI	CE USE	ONI	.Y	
Expenditures	from:			9	15	202	20 T	0		10		19	2020						
A. Amount Bro	ught Forward F	rom Last	Re	port			·	\$					0.00						
B. Total Moneta	ary Contribution	ns And R	ece	ipts (F	rom	Sched	ule I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines	A a	and B)				\$					0.00						
D. Total Expend	ditures (From S	chedule	III)				\$					200.00						
E. Ending Cash	Balance (Subtr	act Line	D F	rom Li	ne C	:)		\$				(200.00)						
F. Value Of In-	Kind Contribution	ons Rece	ive	d (Fror	n Sc	hedule	iI)	\$					0.00						
G. Unpaid Debt	ts And Obligatio	ns (Fron	n So	chedule	e IV))		\$					0.00						
						AFFI	DAVI	T SE	CTI	ON									
PART I - If this is	s a Committee r	eport, tr	eas	urer si	gn h	ere. If	this is	a Caı	ndida	te re	port,	can	didate si	gn here.					
I swear (or affirm) correct and comple		ncluding t	the	attached	d sch	edules f	filed on	paper	or by	electi	ronic m	ediu	ım, are to	the best of	my knov	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me	this		20									Signatur	e of Person	Submit	ting Re	port		_
	Sign	ature	_	_				- -						Print	ed Name	•			
My Commission Ex	-									•				Email					_
	мо		DA	Y		YR		_			Ar	ea C	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	andidate	's a	uthoriz	zed (Commi	ttee, C	andid	ate s	hall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my kno	wled	dge and	belie	f this p	olitical	comm	ittee	has n	ot viola	ted	any provis	ions of the	act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc		nis											9	ignature of	Candid	ate			-
	day of			20 _				_						Printed	Name				-
	Signatu	re						-											_
My Commission Exp	oires													Email					
	МО		DA	Y		YR		-			Area	Cod	le	Da	ytime T	elephor	ne Nu	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WHITE, MARTINA A	From:	9/15/202	2 <u>0</u> To:	10/19/2020
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)	\$	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			\$	0.00

PAGE TOTAL

0.00

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 Car	ndidate		Re	porting	Period			
			Fr	om:		То	•	
					DATE			AMOUNT
Full Name of Contributing Commit	tee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					

ary Page, Section 2.

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

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		Re	porting P	eriod			
			Fro	om:		To) :	
			•		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, 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	ame of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE		,	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 Schee	dule 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 Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary Page,	Section	on 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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary 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 Perio	d						
WHITE, MARTINA A	From:	<u>9/15/2020</u> To:	10/19/2020					
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	ame 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)								
Description of Contribution:		•	•			•				
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL			
						\$	(0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
WHITE, MARTINA A	From	9/15/2020	То:	10/19/2020	

					DATE			AMOUNT
To W	hom Paid			мо	DAY	YEAR		
FRIE	NDS OF JOHN NUNGESSEF	₹		МО		ILAK		
Mailing Address			10	10	2020	\$	200.00	
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19125	Contrib	ution			
								PAGE TOTAL
Ente	inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							200.00