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	20200	C0491				Repor Filed		CA	NDI	NDIDATE COMMITTEE LOBBYIST				T				
Name of Filing C	ommittee	, Candida	ite or Lo	obbyis	st:	v	VHITE	, MAR	TINA	Α									-
Street Address:																			
City:									Stat	e:				Zip Co	de: 1	9154			
TYPE OF REPORT	6TH TUES PRE-PRIMA		1.	2ND F PRIMA	RIDAY ARY	PRE-	2.	30 D PRIM		P	POST-	3.		AMENDI REPORT		Yes		No	\
(place X to the right of	6TH TUES PRE-ELECT		4.	2ND F		PRE-	5.	30 DAY I			POST- 6.				TERMINATION REPORT?			No	\
report type)	ANNUAL	REPORT	7. X	Year	2020				LING METHOD) CHECK ONE					PAPER	PAPER		DIS	KETTE	
Name of Office S	ought by	Candidat	e:						DA	ΓΕ Ο	F ELE	CTI	ION	District Number	Office Code	Pa	rty Co	de Cou Cod	
REPRESENTATI	VE IN TH	E GENER	AL ASS	EMBL`	Y				МО		DAY		YEAR	170	STH	RE	Р	51	
										11		3	2020		(SEE IN	ISTRUCT	ONS F	OR CODE	S)
Summary of Expenditures		and	МО	DA		YEAR			МО		DAY		YEAR	FC	OR OFFI	CE USE	ON	_Y	
			1	1	24	20	20	ГО		12		31	2020						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$	5			((200.00)	_					
B. Total Moneta	ary Contri	butions A	and Rec	eipts ((From	Sched	ule I)	\$	5				0.00	<u> </u>					
C. Total Funds	Available	(Sum Of	Lines A	and E	3)			\$	5			((200.00))					
D. Total Expend	ditures (F	rom Sche	dule II	[)				\$	5				0.00						
E. Ending Cash	Balance (Subtract	Line D	From	Line C	:)		9	5			(200.00)						
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fr	om Sc	hedule	II)	9	5				0.00						
G. Unpaid Debt	s And Obl	igations ((From S	chedu	ule IV))		\$	5				0.00			1			
						AFFI	DAV:	IT SE	CTI	ON									
PART I - If this is	a Commi	ttee repo	rt, trea	surer	sign h	ere. If	this i	s a Ca	ndida	te re	port,	can	didate s	gn here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attach	ned sch	edules	filed or	paper	or by	electi	ronic m	ediu	ım, are to	the best o	of my kno	wledge	and I	oelief , t	rue
Sworn to and subs	cribed befo day of	re me this		20									Signatu	re of Perso	n Submit	ting Re	port		_
		Signatur	e	_				<u>-</u>						Prin	ited Nam	e			
My Commission Ex	opires _							_						Ema	il				
	ı	мо	D/	λY		YR					Ar	ea C	Code	Daytin	ne Telep	hone Nu	ımbeı	•	
Part II- If this is	a report	of a cand	idate's	autho	rized (Commi	ittee, (Candio	late s	hall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge ar	nd belie	f this p	olitica	comn	nittee	has n	ot viola	ted	any provi	sions of th	e act of I	lune 3,1	.937 (P.L. 133	33,
Sworn to and subscribed before me this day of 20													Signature	of Candid	late			-	
								_						Printe	ed Name				-
		ignature						_							.:.				_
My Commission Exp	ires													Ema	III				
	_	мо	D/	ΑY		YR		_			Area	Cod	le	D	aytime 1	Telepho	ne Nu	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
WHITE, MARTINA A	From:	11/24/20	<u>20</u> To:	12/31/2020			
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 Page			\$	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 Commi	Name of Filing Committee or Candidate			Reporting Period							
				Fro	om:		To				
			•			DATE			AMOUNT		
Full Name of Contributi	ng Committee				мо	DAY	YEAR				
Mailing Address								\$	0.00		
City		State	Zip Code (Plus 4)							
				1							

PAGE TOTAL
0.00

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	e or Candidate		Reporting Period					
			From:			To	То:	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								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	ame of Filing Committee or Candidate		Reporting	Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
nter Grand Total of Part C on Schedule I, Detailed Summary P			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			Rep	orting Pe	riod				
			Fror	n:		To	o:		
				D	DATE AMOUNT				
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	iod	
WHITE, MARTINA A	From:	<u>11/24/2020</u> To:	12/31/2020
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 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 Car	ndidate		Reporting Period					
			From:				:	
				DATE			AMOUNT	
Full Name of Contributor	МО	DAY	YEAR					
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
	nter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			PAGE TOTAL	
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period				
						То:			
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)) Description of Expenditure						
Enter Crand Total of Evnanditures on Dags 1 Depart Cover Dags Item D							PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00		