Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion	20220	C1426			Repor Filed		CAND	IDATE	✓	C	OMMITTE		LOBI	BYIST		
Name of Filing (Committee, C	andida	ate or L	obbyist:		WHITE	, MAR	TINA A									
Street Address:	Street Address:																
City:								State:				Zip Cod	e: 19	154			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 DA PRIM		POST-	3.		AMENDM REPORT?	ENT	Yes	No	Y	
(place X to the right of	6TH TUESDA PRE-ELECTIC		4.	2ND FRIDA ELECTION	Y PRE	5.	30 D/ ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	No	~	
report type)	ANNUAL RE	PORT	7.	Year 2022				NG METH CHECK C				PAPER		\checkmark			
Name of Office S	Sought by Ca	ndidat	e:					DATE				District Number	Office Code	Par	ty Code	County Code	
REPRESENTAT	IVE IN THE G	GENER	AL ASS	EMBLY				мо	DAY		AR	170	STH	REP		51	
				_				11	1	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of Expenditures		nd	мо	DAY	YEAR			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
				3 29	2	022	r o		5	2	2022						
A. Amount Bro	-			-			\$				0.00	_					
B. Total Monet	ary Contribu	tions A	And Rec	eipts (Fron	1 Sche	dule I)	\$	5			0.00	_					
C. Total Funds	Available (S	um Of	Lines A	and B)			\$	5			0.00						
D. Total Expen	ditures (Fror	n Sche	dule II	1)			\$	5			0.00						
E. Ending Cash	n Balance (Su	btract	Line D	From Line	C)		\$;			0.00	-					
F. Value Of In-	Kind Contrib	utions	Receiv	ed (From S	chedu	le II)	\$;			0.00	-					
G. Unpaid Deb	ts And Obliga	ations	(From S	Schedule IV	')		\$;			0.00						
					AFF	IDAV	IT SE	CTION									
PART I - If this i																<u>,</u>	
I swear (or affirm correct and compl		ort, inclu	uding the	e attached sc	nedule	s filed on	paper	or by elec	tronic m	eaium,	are to	the best of	ту кпом	leage	and bell	er, true	
Sworn to and subs	day of	me this		20						Si	ignatur	e of Person	Submitti	ing Rep	oort		
	S	Signatur	e				_					Print	ed Name				
My Commission E		-					_					Emai	l				
	мо		D	AY	YR				Ar	ea Cod	e	Daytime	e Telepho	one Nu	mber		
Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.																	
Sworn to and subso		ne this									5	ignature o	f Candida	te			
	day of 						_					Printe	d Name				
	Sign	ature					_										
My Commission Exp	pires											Emai	I				
	•	10	D	AY	YR	1	_		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>3/29/2022</u> To: 5/2/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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 \$ 0.00 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:			1		
		·			DATE			AMOUNT	
Full Name of Contributing Committee				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.							\$	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 Candidate Reporting Period									
			Fror	From: 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	\$	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			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, Secti							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				eporting Period					
			Froi	n:		Т):		
				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 Schedule I, Detailed Summary Page, Section 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 Candidat	e		Report	Reporting Period						
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0	.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description										
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Sec							PAGE TOTAL			
Enter Grand Total of Part E on Sched	ule I, Detailed	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

SE 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>3/29/2022</u> To:	<u>5/2/2022</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	ſF)		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period								
			From:			То:						
				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 Sched Section 2.	iled Sum	mary Pag	y Page, PAGE TOTAL									
						\$	0.00					

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				m:		То:	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 Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
				From			То:		
		DATE	AMOUNT						
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00		