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 202	2C1426				Repo			CAI	NDII	IDIDATE COMMITTEE LOBBYIST						Т		
Name of Filing C	ommittee, Candi	date or L	obby	ist:	,	WHIT	E,	MAR	ΓINA	A									
Street Address:																			
City:	_								State	e:				Zip Cod	e: 19	9154			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDA'	Y PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?	ENT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDA'	Y PRE	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes		No	\
report type)	ANNUAL REPORT	7.	Yea	r 2022						METHOD PAPER CECK ONE					DIS	KETTE			
Name of Office S	ought by Candid	ate:				•			DATE OF ELECTION District Office Number Code						rty Co	de Cou Cod			
									МО		DAY		YEAR	170	STH	REF	>	51	
REPRESENTATI	VE IN THE GENE	RAL ASS	SEMB	LY						11		8	2022		(SEE IN	STRUCTI	ONS F	OR CODE	S)
Summary of		МО	D	AY	YEAR				МО		DAY		YEAR	FO	R OFFI	CE USE	ONL	.Υ	
Expenditures	from:		3	29	20	022	T	0		5		2	2022						
A. Amount Bro	ught Forward Fro	m Last R	epor	t		·		\$				•	0.00						
B. Total Moneta	ary Contributions	And Rec	eipts	(From	Sche	dule 1	[)	\$					0.00						
C. Total Funds	Available (Sum C	f Lines A	and	В)				\$					0.00						
D. Total Expend	ditures (From Scl	nedule II	Ι)					\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	Fron	n Line (C)			\$					0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (F	rom S	chedul	e II)		\$					0.00	_					
G. Unpaid Debt	s And Obligation	s (From S	Sched	dule IV)			\$					0.00						
					AFF:	IDA	VI٦	ΓSE	CTIC	N									
PART I - If this is				_										_					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e atta	ched scl	nedules	filed	on p	paper	or by e	electr	onic m	ediu	ım, are to	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me th day of	is	20							•			Signatur	e of Person	Submit	ting Re	port		
	Signat	ure	_					-						Print	ed Name	•			_
My Commission Ex	rpires							_						Emai					
	МО	D	AY		YR						Ar	ea C	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's	auth	orized	Comm	ittee	, Ca	andid	ate sh	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge a	and beli	ef this	politio	cal	comm	ittee h	as no	ot viola	ted	any provi	sions of the	act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before me this day of	5	20											Signature o	f Candid	ate			_
			_ 20					•						Printe	i Name				-
My Commission Exp	Signature							-		-				Email					
																-1- '			_
	МО	D	AY		YR						Area	Cod	ie	Da	ytime T	elephor	ne Nu	mber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
WHITE, MARTINA A	From:	<u>3/29/202</u>	<u>2</u> To:	<u>5/2/2022</u>
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

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Commi	ttee or Candidate		Reporting Period							
			From:		То	:				
		L		DATE			AMOUNT			
Full Name of Contributin	g Committee		МС	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

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:				
					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 Candi	me of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		Α	MOUNT			
Full Name of Contributing Commit	tee			мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	me of Filing Committee or Candidate				orting Pe	riod				
				Fror	n:		To	То:		
					D	ATE		AI	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							\$	0.00		
City	State	Zip Cod	de (Plus	s 4)						
Employer Name	•				Occupa	tion				
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P \$	AGE 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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	od	
WHITE, MARTINA A	From:	3/29/2022 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	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 Candid	ate		Reporting	g Period					
			From:			То:	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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reporti	ng Period				
			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 Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00	