Campaign Finance Report

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

Filer Identificat Number :	ion	20220	C1426		-	Repo Filed			CANDI	DATE	√	CO	OMMITTEI	E	LOB	BYIST	
Name of Filing (Committee, Ca	andida	ate or L	obbyist:				-	LINA A								
Street Address:																	
City:								State:				Zip Cod	e: 19	154			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRID PRIMARY	AY PRE	E- 2.		30 DA PRIMA		POST-	POST- 3.			ENT	Yes	No	`
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRID		E- 5.		30 DA ELECT		POST-	6.		TERMINA REPORT?	TION	Yes	No	Y
report type)	ANNUAL REI	PORT	7.	Year 2022	2		ľ		NG METH					PAPER		DISKE	TTE
Name of Office	— Sought by Ca	ndidat	e:			-			DATE C				District Number	Office Code		ty Code	Code
REPRESENTAT	IVE IN THE G	SENER.	AL ASS	EMBLY					мо	DAY		EAR	170	STH	REP		51
			-		_				11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		nd	мо	DAY	YEAF	R			мо	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:			6	7 2	2022	Т	C	10		24	2022					
A. Amount Bro	ought Forward	d From	n Last R	eport				\$				0.00					
B. Total Monet	ary Contribut	tions A	And Rec	eipts (Fro	m Sche	edule I	:)	\$		0.00							
C. Total Funds	Available (Su	um Of	Lines A	and B)				\$				0.00					
D. Total Expen	ditures (Fron	n Sche	edule II	I)				\$				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	Schedu	ıle II)		\$		0.00							
G. Unpaid Deb	ts And Obliga	tions	(From S	Schedule I	V)			\$				0.00					
					AFF	-IDA\	/IT	SE	CTION								
PART I - If this i		-	-	-									-				
I swear (or affirm correct and compl		rt, inclu	uding the	e attached s	chedule	s filed o	on p	aper	or by elect	ronic m	edium	, are to	the best of	my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before r day of	ne this		20							5	Signatur	e of Person	Submitt	ing Rep	oort	
	S	ignatur	e	_				•					Print	ed Name			
My Commission E	xpires												Email	I			
	мо		D	AY	YR	1				Ar	ea Coo	le	Daytime	e Teleph	one Nu	mber	
Part II- If this is	a report of a	a cand	idate's	authorized	d Comr	mittee,	, Ca	ndid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amend		est of m	y knowle	edge and be	lief this	s politic	al d	commi	ittee has r	iot viola	ted ar	iy provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subscribed before me this Signature of Candidate Signature of Candidate																	
													Printeo	d Name			
My Commission Ex	-	ature											Emai	1			
	M	10	D.	AY	YF	R				Area	Code		Da	ytime Te	elephor	e Numb	er
						-							54				

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WHITE, MARTINA A From: <u>6/7/2022</u> **To:** 10/24/2022 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:					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	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 Candida	te		Rep	orting P	eriod						
			Fro	m:		Тс):				
					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, Detail	ed Summary Pag	je, Se	ection 2			\$	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		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00	
Mailing Address] *		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTA	L	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec							\$	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 Rep				porting 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 Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 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 Candidate				Reporting Period						
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·									
		_	.					PAGE TOT	AL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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 Period		
WHITE, MARTINA A	From:	<u>6/7/2022</u> то:	<u>10/24/2022</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 PAR	TF)		
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 Re			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period					
				From:					
					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 Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
				From					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				tion of Exp	enditure				
Enter Grand Tatal of Evnanditures	n Dage 1. Denort C	Cover Dage Item [<u> </u>				PAGE TOTAL		
Enter Grand Total of Expenditures (Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		