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 2022	C1426			Repo			CANDI	DATE	\checkmark	co	OMMITTE	E	LOB	BYIST		
Number : Name of Filing (Committee, Candid	ate or L	obbvist:		Filed WHIT	-	_	ΝΔΔ									
			obbyisti			L, 117											
Street Address:												1					
City:							S	State:		Zip Code			e: 19154				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.) DAY IMAF		POST-	3.		AMENDM REPORT?	AMENDMENT REPORT?		No	D	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	≣- 5.		BO DAY POST- 6. X ELECTION				TERMINA REPORT?	Yes	No)	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2022					G METHO HECK O				PAPER	PAPER		DISK	TTE	
Name of Office S	Sought by Candidat	te:					1	ΟΑΤΕ Ο	FELE	СТІО	N	District Number	Office Code	Par	ty Code	Cour	
							P	10	DAY	YE	AR	170	STH	REF	,	51	
REPRESENTAT	REPRESENTATIVE IN THE GENERAL ASSEMBLY							11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	;)
	Receipts and	мо	DAY	YEAR	Ł		1	40	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		10 25	2	022	то		11		28	2022	- -					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$				0.00	_					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$				0.00						
				AFF	IDA	/IT S	SEC	TION									
PART I - If this i	s a Committee repo	ort, trea	surer sign	here.	If this	is a (Cand	lidate re	eport, o	andid	ate si	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached sc	hedule	s filed o	on pap	per or	by elect	ronic m	edium,	are to	the best of	my know	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20							Si	gnatur	e of Person	Submitt	ing Rep	oort		-
						_						Print	ed Name				-
My Commission E	Signatur	re										Emai					_
	мо	D	AY	YR					Are	ea Cod	•		e Teleph	one Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comr	nittee	Can	didat	e shall	sian h	are							╡
	•) that to the best of m								•		, provis	ions of the	act of Ju	ine 3,1	937 (P.I	L. 133	з,
Sworn to and subso	ribed before me this										s	ignature o	f Candida	ite			-
	day of											Drinto	d Name				_
	Signature											Finter					
My Commission Exp	-											Emai					_
	мо	D	AY	YR	2				Area	Code		Da	ytime Te	elephor	e Numb	per	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Condidate	.									
Name of Filing Committee or Candidate	Reporting	g Period								
WHITE, MARTINA A	From:	<u>10/25/202</u>	22 To:	<u>11/28/2022</u>						
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor										
TOTAL for the Reporting	J 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	J 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	J Period	(3)	\$	0.00						
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)										
TOTAL for the Reporting	J 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

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			
			Fror	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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							7 *	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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			Reporting Period						
F				From:			То:		
				D/	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plu	s 4)						
Employer Name		-		Occupation					
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	, Sectio	on 3.			РА \$	GE 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: To:							
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od	
WHITE, MARTINA A	From:	<u>10/25/2022</u> то:	<u>11/28/2022</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			мо	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.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL	
						\$	0.00	

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

Name of Filing Committee or Candidate				porting I	Period			
	Fro	From:						
DATI					DATE	E 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 Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid	To Whom Paid								
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				tion of Exp	oenditure				
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (Cover Dage Item [PAGE TOTAL		
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00		