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 2	2022C	1426				Repo Filed		:	CA	NDIDATE COMMITTEE LOBBYIST					ST				
Name of Filing C	Committee, Ca	ndida	te or Lo	obbyis	st:	V	NHIT	E, M	ART	INA	A									
Street Address:																				
City:										State	e:				Zip Cod	le: 19	9154			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND F		PRE-	2.		D DA		Р	OST-	3.		AMENDM REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND I		/ PRE-	- 5.	-	DA ECT	Y ION	Р	OST-	6.	TERMINATION Yes REPORT?					No	\
report type)	ANNUAL REP	ORT	7. X	Year	2022						METHOD PAPER HECK ONE						\	DIS	KETTE	
Name of Office S	Sought by Can	ıdidate	 e:				-			DAT	E O	F ELE	СТІ	ION	District Number	Office Code	Pa	rty Co	ode Cou	
										МО		DAY	1	YEAR	170	STH	REI)	51	
REPRESENTATI	VE IN THE GI	ENERA	∖L ASSI	EMBL	Y						11		8	2022		(SEE IN	STRUCTI	ONS F	OR CODE	S)
Summary of		nd	МО	DA	Υ	YEAR				МО		DAY		YEAR	FO	R OFFI	CE USE	ON	LY	
Expenditures	from:		1	11	29	20)22	то			12		31	2022	2					
A. Amount Bro	ught Forward	From	Last R	eport			·		\$			•		0.00						
B. Total Moneta	ary Contributi	ions A	nd Rece	eipts	(From	Sched	lule I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$												0.00								
D. Total Expenditures (From Schedule III)							\$					0.00								
E. Ending Cash Balance (Subtract Line D From Line C)								\$					0.00							
F. Value Of In-	Kind Contribu	ıtions	Receive	ed (Fr	om So	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obligat	tions (From S	chedi	ule IV)			\$					0.00			•			
						AFFI	[DA\	/IT	SE	CTI	NC									
PART I - If this is	s a Committee	e repo	rt, trea	surer	sign l	nere. If	f this	is a	Can	dida	te re	port, o	can	didate si	gn here.					
I swear (or affirm) correct and comple		t, inclu	ding the	attacl	hed sch	nedules	filed o	on pap	per o	or by e	electr	ronic m	ediu	ım, are to	the best o	f my kno	wledge	and l	belief , 1	true
Sworn to and subs	cribed before m	ne this		20										Signatur	e of Perso	n Submit	ting Re	port		_
		gnature		-				_							Prin	ted Name	e			
My Commission Ex	-	J	-								-				Ema	il				_
	мо		DA	ΑY		YR						Ar	ea C	Code	Daytim	e Telepi	none Nu	ımbe	r	
Part II- If this is	a report of a	candi	date's	autho	rized	Comm	ittee,	Can	dida	ate sl	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	edge ar	nd belie	ef this p	politic	al co	mmi	ittee h	as no	ot viola	ted	any provi	sions of the	e act of J	une 3,1	937	(P.L. 13	33,
Sworn to and subsc		e this													Signature o	of Candid	ate			-
	day of 			_ 20 _				_							Printe	d Name				_
	Signa	ture						_												_
My Commission Exp	ires														Ema	il				
		0	DA	AY		YR						Area	Cod	le	Da	aytime T	elepho	ne Nu	ımber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting	g Period						
WHITE, MARTINA A	From:	11/29/202	<u>22</u> To:	12/31/2022				
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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting				
		From:						
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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 Fining 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)	1						

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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		-	orting Pe					
		Fron	n:		То	:		
			D/	ATE		АМО	AMOUNT	
			МО	DAY	YEAR			
Mailing Address City State Zip Code (Plus 4)						\$	0.00	
State Zip Code (Plus 4)								
			Occupat	ion				
e of	City			State		Zip Code (Plus 4)	
lule I, Detailed Su	ımmary Page,	Section	on 3.		4		E TOTAL 0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Octobroad Octobro	State Zip Code (Plus 4) Occupation Occupation Olivy State State Output Date Occupation Output Output	DATE AMO MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Occupation PAG	

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 Summary r uge,	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 Per	iod					
WHITE, MARTINA A	From:	11/29/2022 To:	12/31/2022				
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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:		
				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 Schedule II, In-Kind Contributions Detail			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 Candida	me of Filing Committee or Candidate				Re	porting	Period				
					Fro	m:		То	То:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De			taile	ed					PAGE TOTAL		
Summary Page, Section 3.						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)	Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00	