### **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(	22C0163			Rep File			CANDIDATE COMMITTEE LOBBYIST						BYIST				
Name of Filing C	ommittee, Can	didate or L	obbyist:		DAV	ID .	J. WH	ITE										
Street Address:																		
City:								State	:				Zip Code	: 19	018			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2	2.	30 DA PRIMA		Р	POST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE-	- [	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>
report type)	ANNUAL REPO	<b>RT</b> 7. <b>X</b>	<b>Year</b> 2022					IG ME CHEC					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by Cand	date:						DAT	ΕO	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	-							МО		DAY	YEA	R	-1	GOV	REP	,		
GOVERNOR									11		8	2022	<b> </b>	(SEE INS	TRUCTI	ONS FOR (	CODES	)
Summary of Expenditures		МО	DAY YE	AR				МО		DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	irom:		11 29	20	)22	Т	0		12		31	2022	]					
A. Amount Bro	ught Forward F	rom Last R	leport				\$					0.00						
B. Total Moneta	ary Contributio	ns And Rec	eipts (From Sc	hec	lule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From S	chedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subt	act Line D	From Line C)				\$					0.00						
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sche	dul	e II	)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From S	Schedule IV)				\$					0.00		,				
			Α	FF.	ΙDΑ	VI	T SE	CTIC	N									
PART I - If this is		• •								• •								
I swear (or affirm) correct and comple		ncluding the	e attached schedu	ules	filed	d on	paper (	or by e	lecti	ronic m	edium, a	re to	the best of i	my know	/ledge	and beli	ef , tru	ue.
Sworn to and subs	cribed before me day of	this	20								Sig	nature	e of Person	Submitt	ing Rep	oort		_
	Sign	ature					_						Printe	d Name				_
My Commission Ex	-								•				Email					-
	МО	D	AY '	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a c	andidate's	authorized Cor	mm	itte	e, C	andida	ate sh	all	sign he	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and belief t	his	polit	ical	commi	ittee h	as n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		nis										s	ignature of	Candida	te			-
	day of ————————————————————————————————————						_						Printed	Name				-
	Signatu	re					-											_
My Commission Exp	ires												Email					
	МО	D	AY	YR			-			Area	Code		Day	time Te	lephor	e Numb	er	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

#### **Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting	g Period		
DAVID J. WHITE	From:	11/29/202	<u>2</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 ar 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:		То	<b>!</b>			
		•		DATE			AMOUNT		
Full Name of Contributing Committee			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

### 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)

(Exclus	de contributions no	in pontical comm	itte	es rep	or teu	ili Pait	<b>~</b> )	
Name of Filing Committee	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To	<b>)</b> :	
		•			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, Detailed Summary Page, Section 2.

#### **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.

lame of Filing Committee or Candidate			Reporting						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule 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				Reporting Period					
			Fror	n:		To	<b>)</b> :		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE 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 Candidate		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	iod	
DAVID J. WHITE	From:	<u>11/29/2022</u> <b>To:</b>	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candidate Re				Reporting Period				
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	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				orting	Period				
					From:			То:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

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