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	2024C	0471				eport		CA	NDI	DATE	\	CO	MMITTEE		LOB	BYIST		
Name of Filing C	Committee, Ca	ndida	te or Lo	bbyist:		W	HITE,	MAR	TINA	Α								_	
Street Address:																			
City:									Stat	e:				Zip Code	e: 19	154			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	1.	2ND FRI PRIMAR		PRE-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRI ELECTIO		PRE-	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	Ī	No	\
report type)	ANNUAL REP	ORT 7	7. X	Year 20	24					METHOD PAPER DIS							KETTE		
Name of Office S	Sought by Can	didate	 e:						DAT	ΕO	F ELE	СТІ	ON	District Number	Office Code	Par	ty Coo	le Cou	
									МО		DAY	١	/EAR	170	STH	REF	,	51	
REPRESENTATI	VE IN THE GE	∃NERA	AL ASSI	EMBLY						11		5	2024		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		d	МО	DAY	,	YEAR			МО		DAY	١	YEAR	FOF	OFFIC	E USE	ONL	Y	
Expenditures	from:		1	.1	26	202	<u>1</u> T	0		12	;	31	2024						
A. Amount Bro	ught Forward	From	Last Re	eport				\$					0.00						
B. Total Moneta	ary Contributi	ons Aı	nd Rece	eipts (Fr	rom	Schedu	ıle I)	\$					0.00						
C. Total Funds	Available (Sui	m Of L	ines A	and B)				\$					0.00						
D. Total Expend	ditures (From	Sched	dule III	[)				\$					0.00						
E. Ending Cash	Balance (Sub	tract	Line D	From Liı	ne C)		\$					0.00						
F. Value Of In-	Kind Contribu	tions	Receive	ed (Fron	n Sc	hedule	II)	\$					0.00						
G. Unpaid Debt	s And Obligat	ions (From S	chedule	IV))		\$					0.00			•			
						AFFI	DAVI	ΓSE	CTI	NC									
PART I - If this is	s a Committee	repoi	rt, trea	surer sig	gn h	ere. If	this is	a Car	ndida	te re	port, o	cand	lidate sig	ın here.					
I swear (or affirm) correct and complete		t, inclu	ding the	attached	l sch	edules fi	iled on p	paper	or by	electr	onic m	ediu	m, are to t	he best of	my knov	vledge	and be	elief , tı	rue
Sworn to and subs	cribed before m	e this		20									Signature	of Person	Submitt	ing Re	ort		_
		nature						-						Printe	ed Name	1			-
My Commission Ex	_	macare	•							-				Email					-
	мо		DA	ΛΥ		YR		_		,	Arc	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's a	authoriz	ed (Commit	tee, C	andid	ate s	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	/ knowle	dge and	belie	f this po	olitical	comm	ittee l	nas no	ot viola	ted a	ny provis	ions of the	act of Ju	ıne 3,1	937 (F	.L. 133	з,
Sworn to and subsc		this											s	ignature of	Candida	ate			- $ $
	day of —— ——							_						Printed	Name				_
	Signat	ture						-						- 3					_
My Commission Exp	_													Email					
	мо	,	DA	ΛΥ		YR		•			Area	Code	2	Day	ytime To	elephor	ne Nun	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WHITE, MARTINA A	From:	11/26/202	<u>4</u> To:	12/31/2024
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

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 Cand	R	Reporting					
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	e		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)

Name of Filing Committee or Candidate					Reporting Period						
				From: To			o:				
					DATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$	0.00			
					Ī	I	Ī				
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 Candidate	me of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		P	AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR		0.00			
Mailing Address							+	0.00			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Schee	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 Candidat	•			Rep	orting Pe	riod					
				Fror	n:			To:			
					D	ATE			AMO	OUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zi	p Code (Plus	s 4)							
Employer Name	•				Occupa	tion					
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Z	ip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	d Sumr	mary Page,	Section	on 3.			\$	PA	GE TOTA	L .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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary 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 Per	iod	
WHITE, MARTINA A	From:	<u>11/26/2024</u> To:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	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 Ca	Name of Filing Committee or Candidate Re							
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						- \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•					
					Г			
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,			PAGE TOTAL		
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
						From:			
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

lame of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL		
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00		