



SECRETARY OF THE SENATE

03 DEC 30 PM 1:56

A. James Johnston
 Direct Dial: (215) 567-1098
 Fax Number: (215) 567-1444
 File #: 102274

December 22, 2003

BY FEDERAL EXPRESS

Secretary of the Senate
 Office of Public Records
 232 Hart Senate Office Building
 Washington, D.C. 20510-7116

RE: Quarterly Reports of James J. White, IV

Dear Sir/Madam:

Please find enclosed one (1) original and one (1) copy of the Quarterly Reports of James J. White, IV for the reporting periods of April 1, 2003 through June 30, 2003 and July 1, 2003 through September 30, 2003. Kindly return the copy marked and/or stamped with the date of receipt in the return envelope enclosed.

Thank you.

Respectfully submitted,

A. James Johnston
 Michelle L. Ostreich

Encl.

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
SECRETARY OF THE SENATE
DEC 30 PM 1:54

1. (a) Name of Individual, Organization or Corporation JAMES J. WHITE, IV		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 136 BROOKE FARM ROAD		
(c) City, State and ZIP Code ST. DAVIDS, PA 19087-4755		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	Name of Employer J.J. WHITE, INC.	Occupation PRESIDENT

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice

July 15 Quarterly Report 12-Day Report preceding the election ▼

	Type of Election	Date of Election	State
<input type="checkbox"/> October 15 Quarterly Report			
<input type="checkbox"/> January 31 Year-End Report			

30-Day Report following the General Election ▼

	Date of Election	State

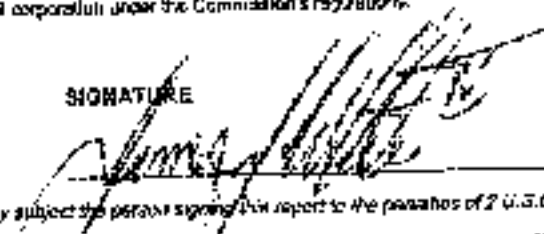
b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM 0 4 0 1 2 0 0 3
THROUGH 0 6 3 0 2 0 0 3

6. TOTAL CONTRIBUTIONS 0 0 0 0 0 0 0 0

7. TOTAL INDEPENDENT EXPENDITURES 1 7 0 0 7 5 9 1

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, conjunction, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any official party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM JAMES J. WHITE, IV	SIGNATURE 	DATE
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437j

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for unrelated purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (in Full)
JAMES J. WHITE, IV

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (in Full)
JAMES J. WHITE, IV

Full Name (Last, First, Middle Initial) of Payee H. A. STEEN INDUSTRIES, INC.		Date M O N T H Y E A R 0 4 1 2 2 0 0 3
Mailing Address 3201 S. 26th STREET		Amount , 1 3 0 9 0 . 5 4
City PHILADELPHIA	State Zip Code PA 19143	
Purpose of Expenditure BILLBOARD	Category/Type 0 0 4	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: PAT TOOMEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , 1 3 , 0 9 0 . 5 4		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee H. A. STEEN INDUSTRIES, INC.		Date M O N T H Y E A R 0 4 2 8 2 0 0 3
Mailing Address 3201 S. 26th STREET		Amount , 7 0 , 8 2 5 . 1 6
City PHILADELPHIA	State Zip Code PA 19145	
Purpose of Expenditure BILLETCARDS	Category/Type 0 0 4	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: PAT TOOMEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , 8 3 . 9 1 5 . 7 0		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee H.A. STEEN INDUSTRIES, INC.		Date M O N T H Y E A R 0 6 1 3 2 0 0 3
Mailing Address 3201 S. 26th STREET		Amount , 8 6 , 1 6 0 2 1 .
City PHILADELPHIA	State Zip Code PA 19145	
Purpose of Expenditure BILLBOARD	Category/Type 0 0 4	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: PAT TOOMEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought , 1 7 0 , 0 7 5 . 9 1		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	1 7 0 , 0 7 5 . 9 1
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 7 0 , 0 7 5 . 9 1
(carry total from last page forward to Line 7)	

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12-30-03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>MS</i> PREPARER	12-30-03 DATE PREPARED