

FEC FORM 5

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

SECRETARY OF THE SERVICE
 03 DEC 93 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 19087-4753		
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)

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 24-Hour Notice	<input type="checkbox"/> 48-hour Notice
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> 12-Day Report preceding the election	
<input checked="" type="checkbox"/> October 15 Quarterly Report	Type of Election	Date of Election
<input type="checkbox"/> January 31 Year-End Report	State	State
<input type="checkbox"/> 30-Day Report following the General Election		
Date of Election		
State		

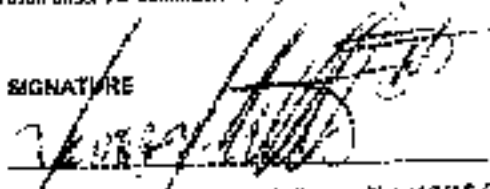
a) Is this Report an amendment? Yes No

5. COVERING PERIOD FROM **07 01 2003** THROUGH **09 30 2003**

6. TOTAL CONTRIBUTIONS ,

7. TOTAL INDEPENDENT EXPENDITURES , **51,523.50**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political 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	SIGNATURE	DATE
JAMES J. WHITE, IV		

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g

For further information, contact:
 Federal Election Commission, 333 E Street, N.W., Washington, D.C. 20453 Toll Free 800-424-9530, Local 202-694-1100

**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 commercial 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: M / D / Y

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: M / D / Y

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: M / D / Y

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: M / D / Y

Amount of Each Receipt this Period: \$

SUBTOTAL of Receipts This Page (optional) ▶ \$

TOTAL This Period (last page entry 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. STERN INDUSTRIES, INC.		Date 08 20 2003
Mailing Address 3201 S. 26th STREET		Amount 14,774.50
City PHILADELPHIA	State PA	
Zip Code 19145		
Purpose of Expenditure BILLBOARD	Category/Type 004	Office Sought <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
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 184,850.41		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. STERN INDUSTRIES, INC.		Date 09 08 2003
Mailing Address 3201 S. 26th STREET		Amount 27,374.50
City PHILADELPHIA	State PA	
Zip Code 19145		
Purpose of Expenditure BILLBOARD	Category/Type 004	Office Sought <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
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 212,224.91		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. STERN INDUSTRIES, INC.		Date 09 12 2003
Mailing Address 3201 S. 26th STREET		Amount 9,374.50
City PHILADELPHIA	State PA	
Zip Code 19145		
Purpose of Expenditure BILLBOARD	Category/Type 004	Office Sought <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
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 221,599.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	51,523.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	51,523.50

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 <i>12-30-03</i>
<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>JLS</i> PREPARED	<i>12-30-03</i> DATE PREPARED