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	2016	C0146				port ed B		CAND	CANDIDATE COMMITTEE LOBBYIS					BYIST			
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:				K, DC	DNNA									
Street Address:																		
City:									State:				Zip Code	. 10	121			
-																. –		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	·	<u> </u>
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pre	≣-	5.	30 DA		POST- 6. TERMINATION REPORT?			TION	Yes	No	'	√	
report type)	ANNUAL	. REPORT	7.	Year 2016					NG METH CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by	, Candidat							DATE C	TE OF ELECTION District Office Party Co					ty Code			
Name of Office 5	ought by	Candidat	.e.						МО	DAY	Υ	/EAR	Number 195	Code STH	DEN	1	Code 51	•
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		8	2016		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	Y	/EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	016	Т	0	4	1	11	2016						
A. Amount Bro	ught For	ward Fron	ı Last R	eport	•		1	\$	<u>'</u>			0.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e 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 Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				0.00		•				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, e	cand	lidate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by elect	tronic m	ediur	n, are to t	he best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed bef day of	ore me this		20								Signature	of Person	Submitt	ing Rep	ort		_
	_	Signatur	·e					- -					Printe	ed Name				-
My Commission Ex	pires	J.g	_										Email					-
		мо	D	AY	YR					Ar	ea Co	ode	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted a	iny provisi	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc	ribed befo	re me this										Si	ignature of	Candida	te			-
	day of —							_					.	N-				_
		Signature						_					Printed	Name				
My Commission Exp		Signature											Email					_
	-	МО	D	AY	YR	l		-		Area	Code	•	Day	rtime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
BULLOCK, DONNA	From:	1/1/201	<u>6</u> То:	4/11/2016
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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
		From: To				D:		
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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 Candi	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

ame of Filing Committee or Candidate			Rep	orting Pe	riod				
			Fron	n:		To	То:		
				D	ATE		АМС	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address State 7 in Code (Plus 4)							\$	0.00	
City State Zip Code (Plus 4)									
Employer Name				Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE 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 Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Dection	••			\$		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 Perio	d						
BULLOCK, DONNA	From:	<u>1/1/2016</u> To:	4/11/2016					
. 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	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 Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,	PAGE TOTAL		
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	lame 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	cripti	ion of (Contributio	on
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det				taile	ed					PAGE TOT	ΓAL	
Summary Page, Section 3.							0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame of Filing Committee or Candidate				Reporting Period				
						То:			
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Description of Expenditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL		
).			\$	0.00		