Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	tion 201	50218			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
	Committee, Candi	date or L	obbyist:			-	I Inna Bullo	l								
Street Address	Street Address:															
City:	Philadelphia						State:	ate: PA Zip Code: 19102								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY				AY F ARY	POST- 3.			AMENDN REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 D/ ELEC		POST- 6.			TERMIN REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	r 7.					ILING METHOD () CHECK ONE				PAPER V DISK			DISK	ETTE	
Name of Office Sought by Candidate:							DATE O	FELE	СТІС	N	District Number	Office Code	Par	ty Code	e Cour Code	
							мо	DAY	YI	AR						
							11		7	2017		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of Expenditure	Receipts and	мо	DAY	YEAR		_	мо	DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY		
	5 110111.		3 28	20	D17 T	0	5		1	2017						
A. Amount Brought Forward From Last Report										357.50						
B. Total Mone	tary Contributions	And Rec	eipts (From	1 Scheo	dule I)	\$			8,1	128.78	-					
C. Total Funds Available (Sum Of Lines A and B)						\$			27,9	986.28	-					
D. Total Exper	nditures (From Scl	nedule II	1)			\$			8,7	14.64						
	h Balance (Subtra			-		\$			19,2	71.64						
	-Kind Contribution		•		e II)	\$				0.00						
G. Unpaid Deb	ots And Obligation	s (From S	Schedule IV	-		\$				0.00						_
							CTION									
I swear (or affirm	is a Committee rep) that this report, ind		-									f my knov	vledge	and bel	ief , tr	ue
correct and comp	lete. scribed before me th	is								·	of Dover	n Cubmitt	ing Des			_
	day of		_20			_			2	orgnaturo	e or perso	n Submitt	іпд кер	ort		
	Signat	ure				-					Prin	ted Name				-
My Commission I	Expires					_					Ema	il				_
	мо	D	AY	YR				Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber		
	s a report of a car) that to the best of ded.				•			-		y provis	ions of th	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Candida	ite			-
						-					Printe	ed Name				-
My Commission Ex	Signature					-					Ema	il				_
						-										-
	мо	D	AY	YR				Area	Code		D	aytime Te	elephon	e Numi	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Friends of Donna Bullock From: <u>3/28/2017</u> To: <u>5/1/2017</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 125.00 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 500.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 500.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 7,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 7,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 3.78 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 8,128.78 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Re				eporting Period						
Friends of Donna Bullock Fro				om:	<u>3/28/2</u>	:	<u>5/1/2017</u>			
					DATE	AMOUNT				
Full Name of Contributing Committee Bayada Home Health Care Political Action Committee					DAY	YEAR				
Mailing Address				4	3	2017	\$	250.00		
City Philadelphia	State PA	Zip Code (Plus 191074707	4)							
Full Name of Contributing Comm	ittee			мо	DAY	YEAR				
LawPAC				МО	DAT					
Mailing Address				4	27	2017	\$	250.00		
City Harrisburg	State PA	Zip Code (Plus 171022025	4)		2,					
							Г	PAGE TOTAL		

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

500.00

\$

PAGE 3

PART B 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 Candida	te		Rep	orting P	eriod					
			From: To			D:				
					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	\$	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 o	of Filing Committee or Candidate			Reporting	Period			
Friends	of Donna Bullock			From:	<u>3/28/2017</u> To:			<u>5/1/2017</u>
					DATE			AMOUNT
Full Nai	me of Contributing Committee				мо	DAY	YEAR	
Friends	s of Vikki For Judge				MO			\$ 3,000.00
Mailing	Address				4	14	2017	
City	Philadelphia	State	Zip Cod	e (Plus 4)			2017	
		РА	191303	217				
Full Name of Contributing Committee					мо	DAY	YEAR	
Goodm	an for Judge							\$ 3,000.00
Mailing Address				4	14	2017		
City	Philadelphia	State	Zip Cod	e (Plus 4)				
		РА	191021	932				
Full Name of Contributing Committee					мо	DAY	YEAR	
IBC PA	с				110			\$ 250.00
Mailing	Address				4	3	2017	
City	Philadelphia	State	Zip Cod	e (Plus 4)			2017	
		РА	191031	480				
Full Nai	me of Contributing Committee				мо	DAY	YEAR	
IBC PA	С							\$ 250.00
Mailing	Address				4	3	2017	
City	Philadelphia	State	Zip Cod	e (Plus 4)				
		РА	191031	480				
	me of Contributing Committee				мо	DAY	YEAR	
PECOPA								\$ 500.00
Mailing					4	3	2017	
Mailing City		State	Zin Code	a (Plue 4)	т Т			
	Philadelphia	State PA	Zip Cod 191031	e (Plus 4) 338				
City								
City Full Nar	Philadelphia	РА			мо	DAY	YEAR	\$ 500.00
City Full Nar Plumbe	Philadelphia me of Contributing Committee	РА						\$ 500.00
City Full Nar Plumbe Mailing	Philadelphia me of Contributing Committee ers Union Local 690 Election Politi	РА	191031		мо	DAY	YEAR	\$ 500.00

PAGE TOTAL

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

7,500.00

\$

PART D 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					
From:				m: To:					
				D	ATE		Α	MOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Coc	ie (Plus 4)	
Enter Grand Total of Part C on Sche	on 3.			P \$	AGE TOTAL 0.00				

PART E **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				Reporting Period						
Friends of Donna Bullock From:				<u>3/28/2017</u> To:				<u>5/1/2017</u>		
					D	ATE			AMOUNT	
Full Nan PayPal	ne				мо	DAY	YEAR	\$	3.78	
Mailing	Address				4	3	201	7		
City F	Palo Alto	State CA	Zip Code (94303330	-	-	5	201			
Receipt	Description cash back on c	redit card								
				_					PAGE TOTAL	
Enter Gr	rand Total of Part E on Sched	ule I, Detailed	Summary Page,	Section	4.			\$	3.78	

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

DURING THE REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THIN

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Friends of Donna Bullock	From:	<u>3/28/2017</u> To:	<u>5/1/2017</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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					
Fr						То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,							PAGE TOTAL		
						\$		0.00	

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
				om:		То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate			Reporti	ng Period						
Friends of Donna Bullock				From	<u>3/28</u>	8/2017	То:	<u>5/1/2017</u>			
					DATE			AMOUNT			
To Whom Paid				мо	DAY	YEAR					
Chris Curtis											
Mailing Address			4	8	2017	\$	120.00				
City State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	-					
DE				website	managem	ent					
To Whom Paid				мо	DAY	YEAR					
Independence Communications And Campaigns, LLC											
Mailing Address			4	26	2017	\$	8,586.00				
City Bristol State Zip Code (Plus 4)			Descrip	tion of Exp	enditure						
	PA		190073900	Endorse	ement mail	er					
To Whom Paid				мо	DAY	YEAR					
Sage Payment Solutions											
Mailing Address				4	3	2017	\$	7.39			
City Reston	State		Zip Code (Plus 4)	Description of Expenditure							
	VA		201905858	mercha	nt fees						
To Whom Paid				мо	DAY	YEAR					
Sage Payment Solutions						0017	\$	1.25			
Mailing Address			•	5	1	2017	,	1.25			
City Reston	State		Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
VA 201905858				merchant fees							
Enter Grand Total of Expe	nditures on Page	e 1, Report C	over Page. Item I).				PAGE TOTAL			
		,					\$	8,714.64			