### **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 2015	0218			Repor Filed I		CA	NDI	DATE		COM	AITTEE	<b>V</b>	LUBE	1131		
Name of Filing C	ommittee, Candida	ate or L	obbyist:		FRIEND	S OF	DON	NA E	BULLOC	K							
Street Address: 3128 W BERKS ST																	
City:	City: PHILADELPHIA						Stat	e:	PA			<b>Zip Code:</b> 19121					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	<b>~</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMIN/ REPORT		Yes	No	<b>✓</b>	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2018				NG MI							$\checkmark$	DISKE	ГТЕ	
Name of Office S	- Sought by Candidat	te:					DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Part	ty Code	County Code	
							МО		DAY	YE	AR		·	DEM			
								11		6	2018		(SEE IN	STRUCTIO	NS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFFI	CE USE	ONLY		
Expenditures	from:		11 27	20	)18 <b>T</b>	О		12	3	31	2018						
A. Amount Bro	ught Forward Fron	1 Last R	eport			\$				72,4	114.14						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I)	\$				1,3	342.58						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				73,7	756.72						
D. Total Expend	ditures (From Sche	edule II	I)			\$				1,6	97.62						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				72,0	59.10						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	1				0.00			1			
					IDAVI												
I swear (or affirm)	that this report, incl	•	_						-		_		of my kno	wledge a	nd belie	ef , true	
correct and comple	cribed before me this											of Daves	n Submit	tina Dan			
	day of		_ 20			_					ngnature	or Perso	iii Subiiiii	ung Kep	ort .		
	Signatu	re				_						Prin	ited Name	•			
My Commission Ex						_						Ema	il				
	МО		AY	YR						a Cod	le	Daytin	ne Teleph	one Nui	nber		
	a report of a cand				•				_			iama - 6 11	+		27 (5 :	1222	
No 320) as amende		iy knowi	eage and bei	ier this	political	comm	iittee i	ias n	ot violat	ea an	y provis	ions of th	e act or J	une 3,15	137 (P.L.	1333,	
SWORN TO AND SUBSC	ribed before me this day of		20								S	ignature (	of Candid	ate			
	<u> </u>					_						Printe	ed Name				
My Commission Exp	Signature ires											Ema	nil			<u> </u>	
	МО	D	AY	YR		_			Area	Code		D	aytime T	elephon	e Numbe	er	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DONNA BULLOCK	From:	11/27/20	<u>18</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	80.00
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)	\$	250.00		
TOTAL for the Reporting	\$	250.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	1,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	12.58
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			\$	1,342.58

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Committee or Candidate				porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•			•	•		PAGE TOTAL

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

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 Filing Committee or Candidate

**Reporting Period** 

FRIENDS OF DONNA BULLOCK

From: <u>11/27/2018</u> To:

DATE

12/31/2018

**AMOUNT** 

Full Name of Contributor  MUSTAFA RASHED					DAY	YEAR	
Mailing	Mailing Address 1917 W MASTER ST						<b>\$</b> 250.00
City	PHILADELPHIA	State	Zip Code (Plus 4)	12	20	2018	
		PA	191214917				

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

**PAGE TOTAL \$** 250.00

#### **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	Reporting Period						
FRIENDS OF DONNA BULLOCK	From:	11/27/2018	То:	12/31/2018			

DATE AMOUNT

Full Name of Contributing Committee  COMCAST CORPORATION & DESCRIPTION COMMITTEE USA	МО	DAY	YEAR			
Mailing Address 1 COMCAST CTR 170				\$ 1,000.00		
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191032838	12	28	2018	

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

PAGE TOTAL 1,000.00

### 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 Candidate			Reporting Period							
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	<b>4</b> )						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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	Reporting Pe		
FRIENDS OF DONNA BULLOCK	From:	<u>11/27/2018</u> <b>To:</b>	12/31/2018

			D	ATE		AMOUNT	
Full Name PAYPAL			МО	DAY	YEAR		
Mailing Address 1840 EMBARCADERO RD				20	2010	\$	12.58
City PALO ALTO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 943033308	11	30	2018		
Receipt Description CASH BACK	ON CREDIT CARE	)					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 12.58

#### **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	
FRIENDS OF DONNA BULLOCK	From:	<u>11/27/2018</u> <b>To:</b>	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candid	ate		Reporting Period				
			From:				
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Reporting Period					
					From:		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 Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF DONNA BULLOCK							12/31/2018	
				DATE				
To Whom Paid AMTRAK				DAY	YEAR			
Mailing Address 50 MASSACHUSETTS AVE NE				29	2018	\$	214.00	
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200024214		Description of Expenditure TRAVEL				
To Whom Paid MINUTEMAN PRESS			МО	DAY	YEAR			
Mailing Address 1717 S BROAD ST			12	21	2018	\$ \$	199.80	
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191481527	Description of Expenditure PRINTING					
To Whom Paid PAYA				DAY	YEAR			
Mailing Address 12120 SUNSET HILLS RD STE 500			12	3	2018	\$	2.72	
City RESTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 201905858	Description of Expenditure MERCHANT FEES					
<b>To Whom Paid</b> PAYA			МО	DAY	YEAR			
Mailing Address 12120 SUNSET HILLS RD STE 500			12	3	2018	\$	19.51	
City RESTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 201905858	Description of Expenditure MERCHANT FEES					
To Whom Paid PENNSYLVANIA STATE EMPLOYEE CREDIT UNION			мо	DAY	YEAR			
Mailing Address 121 STRA	WBERRY SQUARE		12	21	2018	\$	45.62	
	lot :	The Code (Place 4)	+		I			

Zip Code (Plus 4)

171011814

**Description of Expenditure** 

TRAVEL/ CREDIT CARD REIMBURSEMENT

State

PΑ

City

HARRISBURG

						PA	GE 12	
To Whom Paid PENNSYLVANIA STATE EMPLOYEE CREDIT UNION				DAY	YEAR			
Mailing Address 121 STRAWBERRY SQUARE			12	21	2018	\$	576.11	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure TRAVEL & DGING/ CREDIT CARD REIMBURSEMENT					
	PA	171011814					CARD	
To Whom Paid PENNSYLVANIA STATE EMPLOYEE CREDIT UNION				DAY	YEAR			
Mailing Address 121 STRAWBERRY SQUARE				24	2018	\$	63.96	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	171011814	MEAL/ CREDIT CARD REIMBURSEMENT					
To Whom Paid UNITED STATES POSTAL SERVICES				DAY	YEAR			
Mailing Address			11	27	2018	\$	500.00	
City PHILADELPHIA	<b>State</b> PA	Zip Code (Plus 4)	Description of Expenditure POSTAGE					
To Whom Paid UNITED STATES POSTAL SERVICES				DAY	YEAR			
Mailing Address				29	2018	\$	7.90	
City PHILADELPHIA	<b>State</b> PA	Zip Code (Plus 4)	Description of Expenditure POSTAGE					
To Whom Paid UNITED STATES POSTAL SERVICES				DAY	YEAR			
Mailing Address				27	2018	\$	68.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA		MAILBOX FEE					
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D				ı	PAGE TOTAL	
						\$	1,697.62	