

# Campaign Finance Report

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

|  |                          |                          |                         |                                    |                      |   |                              |   |
|--|--------------------------|--------------------------|-------------------------|------------------------------------|----------------------|---|------------------------------|---|
| <b>Filer Identification Number :</b> 20150218                                    |                          | <b>Report Filed By :</b> |                         | <b>CANDIDATE</b>                   |                      | <b>COMMITTEE</b> <input checked="" type="checkbox"/>                                      | <b>LOBBYIST</b>              |   |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> Friends of Donna Bullock |                          |                          |                         |                                    |                      |   |                              |   |
| <b>Street Address:</b> PO Box 58921  |                          |                          |                         |                                    |                      |   |                              |   |
| <b>City:</b> Philadelphia  |                          |                          |                         | <b>State:</b> PA                   |                      | <b>Zip Code:</b> 19102  |                              |   |
| <b>TYPE OF REPORT</b><br><br>(place X to the right of report type)               | 6TH TUESDAY PRE-PRIMARY  | 1.                       | 2ND FRIDAY PRE-PRIMARY  | 2.X                                | 30 DAY POST-PRIMARY  | 3.  | AMENDMENT REPORT?            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|  | 6TH TUESDAY PRE-ELECTION | 4.                       | 2ND FRIDAY PRE-ELECTION | 5.                                 | 30 DAY POST-ELECTION | 6.  | TERMINATION REPORT?          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|  | ANNUAL REPORT            | 7.                       | Year 2019               | <b>FILING METHOD ( ) CHECK ONE</b> |                      | <b>PAPER</b> <input checked="" type="checkbox"/> <b>DISKETTE</b> <input type="checkbox"/> |                              |   |
| <b>Name of Office Sought by Candidate:</b>                                       |                          |                          |                         | <b>DATE OF ELECTION</b>            |                      |   | <b>District Number</b>       | <b>Office Code</b>  |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY   |                          |                          |                         | MO DAY YEAR                        |                      |   | 195                          | STH   |
|  |                          |                          |                         | 11 5 2019                          |                      |   | DEM 51                       |   |
|  |                          |                          |                         |                                    |                      |   | (SEE INSTRUCTIONS FOR CODES) |   |
| <b>Summary of Receipts and Expenditures from:</b>                                |                          | MO                       | DAY                     | YEAR                               | <b>TO</b>            |   | <b>FOR OFFICE USE ONLY</b>   |   |
|  |                          | 4                        | 2                       | 2019                               | 5 6 2019             |   |                              |   |
| <b>A. Amount Brought Forward From Last Report</b>                                |                          |                          |                         | \$ 72,892.53                       |                      |   |                              |   |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>            |                          |                          |                         | \$ 8,581.03                        |                      |   |                              |   |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                           |                          |                          |                         | \$ 81,473.56                       |                      |   |                              |   |
| <b>D. Total Expenditures (From Schedule III)</b>                                 |                          |                          |                         | \$ 5,618.91                        |                      |   |                              |   |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                      |                          |                          |                         | \$ 75,854.65                       |                      |   |                              |   |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>             |                          |                          |                         | \$ 0.00                            |                      |   |                              |   |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                        |                          |                          |                         | \$ 0.00                            |                      |   |                              |   |

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                   |
| Friends of Donna Bullock                     | From: <u>4/2/2019</u> To: <u>5/6/2019</u> |

|  |          |
|--|----------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |          |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 15.00 |

|  |             |
|--|-------------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |             |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 3,250.00 |
| <b>All Other Contributions (Part B)</b>  | \$ 450.00   |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 3,700.00 |

|   |             |
|---|-------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |             |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 4,000.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 850.00   |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 4,850.00 |

|  |          |
|--|----------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |          |
| <b>TOTAL for the Reporting Period (4)</b>  | \$ 16.03 |

|   |             |
|---|-------------|
| <b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b> | \$ 8,581.03 |
|---|-------------|

**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.**

|  |  |  |  |   |  |               |  |
|--|--|--|--|---|--|---------------|--|
| <b>Name of Filing Committee or Candidate</b> |  |  |  | <b>Reporting Period</b>                   |  |               |  |
| Friends of Donna Bullock                     |  |  |  | From: <u>4/2/2019</u> To: <u>5/6/2019</u> |  |               |  |
|  |  |  |  | <b>DATE</b>                               |  | <b>AMOUNT</b> |  |

  

|  |             |              |    |                          |            |             |           |
|--|-------------|--------------|----|--------------------------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b> |             |              |    | <b>MO</b>                | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| PSEA PACE                                  |             |              |    | 4                        | 17         | 2019        |           |
| <b>Mailing Address</b>                     | PO Box 1724 |              |    |                          |            |             |           |
| <b>City</b>                                | Harrisburg  | <b>State</b> | PA | <b>Zip Code (Plus 4)</b> |            | 171051724   |           |

  

|   |          |              |    |                          |            |             |           |
|---|----------|--------------|----|--------------------------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b>                    |          |              |    | <b>MO</b>                | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| Political Action Committee for Professional Acupuncture in PA |          |              |    | 4                        | 9          | 2019        |           |
| <b>Mailing Address</b>  |          |              |    |                          |            |             |           |
| <b>City</b>   | Glenside | <b>State</b> | PA | <b>Zip Code (Plus 4)</b> |            | 190386081   |           |

  

|  |            |              |    |                          |            |             |           |
|--|------------|--------------|----|--------------------------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b> |            |              |    | <b>MO</b>                | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| Planned Parenthood Pennsylvania PAC        |            |              |    | 4                        | 3          | 2019        |           |
| <b>Mailing Address</b>                     |            |              |    |                          |            |             |           |
| <b>City</b>                                | Harrisburg | <b>State</b> | PA | <b>Zip Code (Plus 4)</b> |            | 171081572   |           |

  

|  |            |              |    |                          |            |             |           |
|--|------------|--------------|----|--------------------------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b> |            |              |    | <b>MO</b>                | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| Pennsylvania SEIU COPE                     |            |              |    | 4                        | 17         | 2019        |           |
| <b>Mailing Address</b>                     |            |              |    |                          |            |             |           |
| <b>City</b>                                | Harrisburg | <b>State</b> | PA | <b>Zip Code (Plus 4)</b> |            | 171022528   |           |

  

|  |            |              |    |                          |            |             |           |
|--|------------|--------------|----|--------------------------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b> |            |              |    | <b>MO</b>                | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| PA Medical Political Action Committee      |            |              |    | 4                        | 9          | 2019        |           |
| <b>Mailing Address</b>                     |            |              |    |                          |            |             |           |
| <b>City</b>                                | Harrisburg | <b>State</b> | PA | <b>Zip Code (Plus 4)</b> |            | 171058820   |           |

  

|  |            |              |    |                          |            |             |           |
|--|------------|--------------|----|--------------------------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b> |            |              |    | <b>MO</b>                | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| PA Academy of Audiology PAC                |            |              |    | 4                        | 12         | 2019        |           |
| <b>Mailing Address</b>                     |            |              |    |                          |            |             |           |
| <b>City</b>                                | Harrisburg | <b>State</b> | PA | <b>Zip Code (Plus 4)</b> |            | 171023119   |           |

  

|  |            |              |    |                          |            |             |           |
|--|------------|--------------|----|--------------------------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b> |            |              |    | <b>MO</b>                | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| LawPAC                                     |            |              |    | 4                        | 9          | 2019        |           |
| <b>Mailing Address</b>                     |            |              |    |                          |            |             |           |
| <b>City</b>                                | Harrisburg | <b>State</b> | PA | <b>Zip Code (Plus 4)</b> |            | 171022025   |           |

|   |            |       |                   |    |     |      |           |
|---|------------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributing Committee<br>Highmark PAC   |            |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1800 Center St  |            |       |                   | 4  | 9   | 2019 |           |
| City  | Camp Hill  | State | Zip Code (Plus 4) |    |     |      |           |
|   |            | PA    | 170111702         |    |     |      |           |
| Full Name of Contributing Committee<br>Greenlee Partners State PAC  |            |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address PO Box 291  |            |       |                   | 4  | 9   | 2019 |           |
| City  | Harrisburg | State | Zip Code (Plus 4) |    |     |      |           |
|   |            | PA    | 171080291         |    |     |      |           |
| Full Name of Contributing Committee<br>FirstEnergy Political Action Committee                               |            |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 76 S Main St  |            |       |                   | 4  | 9   | 2019 |           |
| City  | Akron      | State | Zip Code (Plus 4) |    |     |      |           |
|   |            | OH    | 443081812         |    |     |      |           |
| Full Name of Contributing Committee<br>Buchanan Ingersoll & Rooney Committee for Effective State Government |            |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 301 Grant St Fl 20  |            |       |                   | 4  | 9   | 2019 |           |
| City  | Pittsburgh | State | Zip Code (Plus 4) |    |     |      |           |
|   |            | PA    | 152191412         |    |     |      |           |
| Full Name of Contributing Committee<br>Aqua America, Inc. H2O Political Action Committee                    |            |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 762 W Lancaster Ave   |            |       |                   | 4  | 5   | 2019 |           |
| City  | Bryn Mawr  | State | Zip Code (Plus 4) |    |     |      |           |
|   |            | PA    | 190103402         |    |     |      |           |
| Full Name of Contributing Committee<br>AFSCME Council 13  |            |       |                   | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 4031 Executive Park Dr  |            |       |                   | 4  | 9   | 2019 |           |
| City  | Harrisburg | State | Zip Code (Plus 4) |    |     |      |           |
|   |            | PA    | 171111507         |    |     |      |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 3,250.00       |

## 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)**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br>Friends of Donna Bullock | <b>Reporting Period</b><br><b>From:</b> <u>4/2/2019</u> <b>To:</b> <u>5/6/2019</u> |
|--|--|

|   |  |          |                             | DATE |     |      | AMOUNT    |  |
|---|--|----------|-----------------------------|------|-----|------|-----------|--|
| Full Name of Contributor                |  |          |                             | MO   | DAY | YEAR | \$ 100.00 |  |
| David Dix                               |  |          |                             |      |     |      |           |  |
| Mailing Address 862 Fawn Ln             |  |          |                             | 4    | 9   | 2019 |           |  |
| City Hummelstown                        |  | State PA | Zip Code (Plus 4) 170367203 |      |     |      |           |  |
| Full Name of Contributor                |  |          |                             | MO   | DAY | YEAR | \$ 200.00 |  |
| Gerald Jones                            |  |          |                             |      |     |      |           |  |
| Mailing Address 5229 N 15th St          |  |          |                             | 4    | 4   | 2019 |           |  |
| City Philadelphia                       |  | State PA | Zip Code (Plus 4) 191411601 |      |     |      |           |  |
| Full Name of Contributor                |  |          |                             | MO   | DAY | YEAR | \$ 150.00 |  |
| Allen Rubin                             |  |          |                             |      |     |      |           |  |
| Mailing Address 1518 Walnut St Ste 1200 |  |          |                             | 4    | 5   | 2019 |           |  |
| City Philadelphia                       |  | State PA | Zip Code (Plus 4) 191023407 |      |     |      |           |  |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 450.00         |

# 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.**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                                 |
| Friends of Donna Bullock                     | <b>From:</b> <u>4/2/2019</u> <b>To:</b> <u>5/6/2019</u> |

|   |  |                  |         | DATE |     | AMOUNT |            |
|---|--|------------------|---------|------|-----|--------|------------|
| Full Name of Contributing Committee                   |  |                  |         | MO   | DAY | YEAR   | \$500.00   |
| ExelonPAC   |  |                  |         | 4    | 9   | 2019   |            |
| Mailing Address101 Constitution Ave NW Suite 400 East |  | CityWashington   | StateDC |      |     |        |            |
| Full Name of Contributing Committee                   |  |                  |         | MO   | DAY | YEAR   | \$250.00   |
| IBC PAC   |  |                  |         | 4    | 12  | 2019   |            |
| Mailing Address1901 Market St                         |  | CityPhiladelphia | StatePA |      |     |        |            |
| Full Name of Contributing Committee                   |  |                  |         | MO   | DAY | YEAR   | \$250.00   |
| IBC PAC   |  |                  |         | 4    | 12  | 2019   |            |
| Mailing Address1901 Market St                         |  | CityPhiladelphia | StatePA |      |     |        |            |
| Full Name of Contributing Committee                   |  |                  |         | MO   | DAY | YEAR   | \$1,000.00 |
| PA Ophthalmology PAC                                  |  |                  |         | 5    | 6   | 2019   |            |
| Mailing Address200 N 3rd St Ste 1500                  |  | CityHarrisburg   | StatePA |      |     |        |            |
| Full Name of Contributing Committee                   |  |                  |         | MO   | DAY | YEAR   | \$500.00   |
| PAA PAC   |  |                  |         | 4    | 9   | 2019   |            |
| Mailing Address1925 N Front St                        |  | CityHarrisburg   | StatePA |      |     |        |            |
| Full Name of Contributing Committee                   |  |                  |         | MO   | DAY | YEAR   | \$500.00   |
| PECO PAC  |  |                  |         | 4    | 17  | 2019   |            |
| Mailing Address2301 Market St S15-1                   |  | CityPhiladelphia | StatePA |      |     |        |            |

|   |          |                             |    |     |      |             |
|---|----------|-----------------------------|----|-----|------|-------------|
| Full Name of Contributing Committee                                       |          |                             | MO | DAY | YEAR | \$ 1,000.00 |
| Z PAC Pennsylvania Society of Anesthesiologist Political Action Committee |          |                             |    |     |      |             |
| Mailing Address 50 S Providence Rd  |          |                             | 5  | 6   | 2019 |             |
| City Media  | State PA | Zip Code (Plus 4) 190633531 |    |     |      |             |

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

|                   |          |
|-------------------|----------|
| <b>PAGE TOTAL</b> |          |
| \$                | 4,000.00 |

**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.)**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>Friends of Donna Bullock | <b>Reporting Period</b><br><br><b>From:</b> <u>4/2/2019</u> <b>To:</b> <u>5/6/2019</u> |
|--|--|

|   |                                      |     |                 | DATE | AMOUNT                             |           |
|---|--------------------------------------|-----|-----------------|------|------------------------------------|-----------|
| Full Name of Contributor  | MO                                   | DAY | YEAR            |      |                                    |           |
| MUSTAFA RASHED  |                                      |     |                 |      |                                    | \$ 500.00 |
| <b>Mailing Address</b> 1917 W Master St   |                                      |     |                 |      |                                    |           |
| <b>City</b> Philadelphia  |                                      |     |                 | 4    | 8                                  | 2019      |
| <b>State</b> PA   |                                      |     |                 |      |                                    |           |
| <b>Zip Code (Plus 4)</b> 191214917  |                                      |     |                 |      |                                    |           |
| <b>Employer Name</b> Bellevue Strategies, LLC                                     | <b>Occupation</b> Consultant         |     |                 |      |                                    |           |
| <b>Employer Mailing Address/Principal Place of Business</b> 200 S Broad StSte 410 | <b>City</b> Philadelphia             |     | <b>State</b> PA |      | <b>Zip Code (Plus 4)</b> 191023814 |           |
| Robert Taylor Esq.  |                                      |     |                 |      |                                    | \$ 350.00 |
| <b>Mailing Address</b> PO Box 6349  |                                      |     |                 |      |                                    |           |
| <b>City</b> Harrisburg  |                                      |     |                 | 5    | 6                                  | 2019      |
| <b>State</b> PA   |                                      |     |                 |      |                                    |           |
| <b>Zip Code (Plus 4)</b> 171120349  |                                      |     |                 |      |                                    |           |
| <b>Employer Name</b> The Cameron Companies, LLC                                   | <b>Occupation</b> Attorney/ Lobbyist |     |                 |      |                                    |           |
| <b>Employer Mailing Address/Principal Place of Business</b> PO Box 6349           | <b>City</b> Harrisburg               |     | <b>State</b> PA |      | <b>Zip Code (Plus 4)</b> 171120349 |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 850.00         |



## 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.**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>Friends of Donna Bullock | <b>Reporting Period</b><br><br><b>From:</b> <u>4/2/2019</u> <b>To:</b> <u>5/6/2019</u> |
|--|--|

|                          |  |       |                   | DATE |     | AMOUNT |          |
|--------------------------|--|-------|-------------------|------|-----|--------|----------|
| Full Name                |  |       |                   | MO   | DAY | YEAR   | \$ 16.03 |
| PayPal                   |  |       |                   |      |     |        |          |
| Mailing Address          |  |       |                   |      |     |        |          |
| 1840 Embarcadero Rd      |  |       |                   |      |     |        |          |
| City                     |  | State | Zip Code (Plus 4) | 4    | 2   | 2019   |          |
| Palo Alto                |  | CA    | 943033308         |      |     |        |          |
| Receipt Description      |  |       |                   |      |     |        |          |
| cash back on credit card |  |       |                   |      |     |        |          |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 16.03          |

## 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**

|  |  |   |      |
|--|--|---|------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                   |      |
| Friends of Donna Bullock   |  | From: <u>4/2/2019</u> To: <u>5/6/2019</u> |      |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |   |      |
| TOTAL for the Reporting Period (1)   |  | \$  | 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |   |      |
| TOTAL for the Reporting Period (2)   |  | \$  | 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |   |      |
| TOTAL for the Reporting Period (3)   |  | \$  | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) |  | \$  | 0.00 |

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

|                                       |  |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | DATE |     |      | AMOUNT                           |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor  |       |                   | MO   | DAY | YEAR | \$ 0.00                          |
| Mailing Address   |       |                   |      |     |      |                                  |
| City  | State | Zip Code (Plus 4) |      |     |      |                                  |
| Description of Contribution:  |       |                   |      |     |      |                                  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

7/2/2025 12:32:53 AM

# SCHEDULE III STATEMENT OF EXPENDITURES

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                  |
| Friends of Donna Bullock                     | From <u>4/2/2019</u> To: <u>5/6/2019</u> |

| DATE   |                 |                                    |  | AMOUNT            |
|--|-----------------|------------------------------------|--|-------------------|
| <b>To Whom Paid</b>  | <b>MO</b>       | <b>DAY</b>                         | <b>YEAR</b>  |                   |
| Eatible Delights Catering  |                 |                                    |  |                   |
| <b>Mailing Address</b> 2338 Ridge Ave  | 5               | 2                                  | 2019   | \$ 325.00         |
| <b>City</b> Philadelphia   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 191212931 | <b>Description of Expenditure</b> food for event/ In Kind to Friends of Darrell Clarke |                   |
| <b>To Whom Paid</b>  | <b>MO</b>       | <b>DAY</b>                         | <b>YEAR</b>  |                   |
| Friends of Darrell L. Clarke   |                 |                                    |  |                   |
| <b>Mailing Address</b> PO Box 60093  | 5               | 2                                  | 2019   | \$ 2,500.00       |
| <b>City</b> Philadelphia   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 191020093 | <b>Description of Expenditure</b> Contribution   |                   |
| <b>To Whom Paid</b>  | <b>MO</b>       | <b>DAY</b>                         | <b>YEAR</b>  |                   |
| Friends of Jannie L. Blackwell   |                 |                                    |  |                   |
| <b>Mailing Address</b> City Hall, Room 408                                     | 5               | 2                                  | 2019   | \$ 2,500.00       |
| <b>City</b> Philadelphia   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19107     | <b>Description of Expenditure</b> Contribution   |                   |
| <b>To Whom Paid</b>  | <b>MO</b>       | <b>DAY</b>                         | <b>YEAR</b>  |                   |
| Little Amps Coffee   |                 |                                    |  |                   |
| <b>Mailing Address</b> 133 State St  | 4               | 9                                  | 2019   | \$ 48.66          |
| <b>City</b> Harrisburg   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 171011027 | <b>Description of Expenditure</b> food for event                                       |                   |
| <b>To Whom Paid</b>  | <b>MO</b>       | <b>DAY</b>                         | <b>YEAR</b>  |                   |
| Minuteman Press  |                 |                                    |  |                   |
| <b>Mailing Address</b> 2715 S Front St   | 5               | 2                                  | 2019   | \$ 209.65         |
| <b>City</b> Philadelphia   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 191484838 | <b>Description of Expenditure</b> printing/ envelopes                                  |                   |
| <b>To Whom Paid</b>  | <b>MO</b>       | <b>DAY</b>                         | <b>YEAR</b>  |                   |
| PAYA   |                 |                                    |  |                   |
| <b>Mailing Address</b> 12120 Sunset Hills Rd Ste 500                           | 5               | 2                                  | 2019   | \$ 35.60          |
| <b>City</b> Reston   | <b>State</b> VA | <b>Zip Code (Plus 4)</b> 201905858 | <b>Description of Expenditure</b> Merchant Fees  |                   |
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |                 |                                    |  | <b>PAGE TOTAL</b> |
|  |                 |                                    |  | \$ 5,618.91       |

