Campaign Finance Report

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

					1		CANE	DATE						BYIST	
Filer Identificat Number :	ion 2015	0218			Repor Filed		CAND	IDATE		СОМІ	MITTEE	✓	LOBI	51151	
Name of Filing (Committee, Candid	ate or L	obbyist:		Friends	s of Do	onna Bull	ock							
Street Address:	PO Box 5892	1													
City:	Philadelphia						State:	PA			Zip Co	de: 19	102		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 D PRIM		POST-	3.		AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D ELEC	AY TION	POST-	6.		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				NG METH CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	 Sought by Candida	te:	-			-	DATE C	OF ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					
							11	-	2	2021		(SEE IN	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		3 30	2	021	Ю	5	5	3	2021					
A. Amount Bro	ought Forward From	n Last R	eport			\$;		105,2	296.56					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 10,326.24															
C. Total Funds Available (Sum Of Lines A and B) \$ 115,622.80															
D. Total Expenditures (From Schedule III) \$ 140.19															
E. Ending Cash Balance (Subtract Line D From Line C) \$ 115,482							82.61	-							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$	5			0.00					
				AFF	IDAV	IT SE	CTION								
	s a Committee rep	-	_								-	. f	vladaa	and hali	-f. 4mus
correct and compl) that this report, inc lete.	luaing the	e attached sc	nedule	s filed on	paper	or by elect	tronic m	eaium	, are to	the best o	от ту кпоч	vieage	and beil	er, true
Sworn to and sub	scribed before me this day of	5	20						s	ignatur	e of Perso	n Submitt	ing Rep	oort	
						_					Prir	ted Name	1		
My Commission E	Signatu xpires	re									Ema	il			
	мо	D	AY	YR		_		Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Com	nittee, (Candio	late shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and beli	ief this	s political	comn	nittee has r	not viola	ted an	y provis	ions of th	e act of Ju	une 3,1	937 (P.L	. 1333,
Sworn to and subscribed before me this day of 20										s	ignature	of Candida	ate		
											Printe	ed Name			
My Commission Ex	Signature					_					Ema	il			
						_					-				
	мо	D	AY	YR	ł			Area	Code		D	aytime To	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	5			
Name of Filing Committee or Candidate	Reporting	g Period		
Friends of Donna Bullock	From:	<u>3/30/20</u> 2	2 <u>1</u> To:	<u>5/3/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	75.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	1,250.00
All Other Contributions (Part B)			\$	500.00
TOTAL for the Reporting) Period	(2)	\$	1,750.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			1	
Contributions Received From Political Committees (Part C)			\$	7,500.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting	J Period	(3)	\$	8,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	1.24
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			\$	10,326.24

\$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.

Image: Constributing CommitteePA Dental Hygienist AssociationMODAYYEARMailing Address157 Delmont Ave4482021\$CityWarminsterState PAZip Code (Plus 4) 1897437734MODAYYEAR 2021250.0Full Name of Contributing Committee PA Cemetery, Cremation, and Funeral AssociationMODAYYEAR 2021250.0Full Name of Contributing Committee PA Cemetery, Cremation, and Funeral AssociationMODAYYEAR 2021250.0Full Name of Contributing Committee PAZip Code (Plus 4) 189743773MODAYYEAR 82021\$Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 189743773MODAYYEAR	Name of Filing Com	mittee or Candidat	e		Re	porting I	Period			
MoDAYYEARPA Dental Hygienist Association157 Delmont Ave482021\$250.0CityWarminsterState PAZip Code (Plus 4) 189743773482021\$250.0Full Name of Contributing Committee PA Cemetery, Cremation, and Funeral AssociationMoDAYYEAR PA250.0Mailing Address157 Delmont AveMoDAYYEAR PA250.0CityWarminsterState PAZip Code (Plus 4) 189743773482021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 189743773482021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing Committee PAPAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing Committee PAPAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing CommitteePAZip Code (Plus 4) 191073144PA2021\$250.0Full Name of Contributing CommitteePAZip Code (Plus 4) 191073144482021\$<	Friends of Donna B	Bullock			Fre	om:	<u>3/30/20</u>) <u>21</u> To:	:	<u>5/3/2021</u>
PA Dental Hygienist AssociationMODAYYEARMailing Address157 Delmont Ave4482021\$250.0CityWarminsterState PAZip Code (Plus 4) 1897437734A82021\$250.0Full Name of Contributing Committee PA Cemetery, Cremation, and Funeral AssociationMODAYYEAR A2021\$250.0Mailing Address157 Delmont AveMODAYYEAR A2021\$250.0CityWarminsterState PAZip Code (Plus 4) 1897437734A82021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 191073144MODAYYEAR A250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing Committee PAPAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing CommitteePAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing CommitteeMODAYYEAR250.0\$Full Name of Contributing CommitteeMODAYYEAR250.0Full Name of Contributing CommitteeMODAYYEAR250.0							DATE			AMOUNT
CityWarminsterState PAZip Code (Plus 4) 189743773482021*Full Name of Contributing Committee PA Cemetery, Cremation, and Funeral AssociationMODAYYEAR 482021*Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 189743773482021*250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 189743773MODAYYEAR 82021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing Committee PAMODAYYEAR PA2021\$250.0Full Name of Contributing Committee PAMODAYYEAR PA2021\$250.0Full Name of Contributing CommitteeMODAYYEAR PA2021\$250.0Full Name of Contributing CommitteeMODAYYEAR PA2021\$250.0		-				мо	DAY	YEAR		
CityWarminsterState PAZip Code (Plus 4) 189743773Image: Constraint of Contributing Committee PA Cemetery, Cremation, and Funeral AssociationMODAYYEAR PAMailing Address157 Delmont Ave4A82021\$250.0CityWarminsterState PAZip Code (Plus 4) 189743773AB2021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 189743773MODAYYEAR 2021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 191073144A82021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaState PAZip Code (Plus 4) 191073144A82021\$250.0Full Name of Contributing CommitteeMODAYYEAR PAYEAR2021\$250.0Full Name of Contributing CommitteeMODAYYEAR2021\$250.0Full Name of Contributing CommitteeMODAYYEAR2021\$	Mailing Address	157 Delmont Ave				4	8	2021	\$	250.00
PA Cemetery, Cremation, and Funeral AssociationMODAYYEARMailing Address157 Delmont Ave482021\$250.0CityWarminsterState PAZip Code (Plus 4) 189743773482021\$250.0Full Name of Contributing Committee Health Partners of PhiladelphiaMODAYYEAR PAYEAR2021\$250.0Moiling Address901 Market St Ste 500MODAYYEAR PA2021\$250.0CityPhiladelphiaState PAZip Code (Plus 4) 191073144482021\$250.0Full Name of Contributing CommitteeMODAYYEAR PA2021\$250.0Full Name of Contributing CommitteeMODAYYEAR PA2021\$250.0Full Name of Contributing CommitteeMODAYYEAR PA2021\$250.0	City Warminster				4)					
CityWarminsterState PAZip Code (Plus 4) 189743773482021*Full Name of Contributing Committee Health Partners of PhiladelphiaMODAYYEAR 4YEAR 82021*Mailing Address901 Market St Ste 500Zip Code (Plus 4) 191073144482021*Full Name of Contributing CommitteeXate PAZip Code (Plus 4) 191073144482021*Full Name of Contributing CommitteeMODAYYEAR PAYEARYEAR YEAR		PA Cemetery, Cremation, and Funeral Association				мо	DAY	YEAR		
Health Partners of Philadelphia MO DAY YEAR Mailing Address 901 Market St Ste 500 4 8 2021 \$ City Philadelphia State Zip Code (Plus 4) 4 8 2021 \$ Full Name of Contributing Committee MO DAY YEAR YEAR \$ 250.0		157 Delmont Ave	State		4)	4	8	2021	\$	250.00
City Philadelphia State Zip Code (Plus 4) 4 8 2021 PA 191073144 190073144 19000000000000000000000000000000000000	Health Partners of Pl	-				мо	DAY	YEAR		
PA 191073144 Full Name of Contributing Committee	Mailing Address	901 Market St S	te 500	•		4	8	2021	\$	250.00
	City Philadelphia				4)					
Columbia Gas / Nisource Inc. PAC		-	-			мо	DAY	YEAR		
Mailing Address 290 W Nationwide Blvd 4 20 2021 \$ 250.0			e Blvd						\$	250.00
CityColumbusStateZip Code (Plus 4)42020214OH432152561432152561			State		4)	4	20	2021	Ŧ	
Full Name of Contributing Committee MO DAY YEAR Bellevue Strategies PAC MO DAY YEAR		-	-	-		мо	DAY	YEAR		
				4	20	2021	\$	250.00		
City Philadelphia State Zip Code (Plus 4) PA 191023814 191023814	City Philadelphia				4)		20	2021		

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

PAGE TOTAL

1,250.00

\$

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)									
Name of Filing Committee or Candidate Reporting Period									
Friends of Donna Bullock	Fro	From: <u>3/30/20</u>):	<u>5/3/2021</u>			
DATE AMOUNT									
Full Name of Contributor Talmadge Belo Jr		мо	DAY	YEAR					
Mailing Address 2439 Sharswood S	it	_					\$	100.00	
City Philadelphia	State PA	Zip Code (Plus 4 191213810)	4	1	2021			
Full Name of Contributor				мо	DAY	YEAR			
Daniel Muroff				PIO					
Mailing Address PO Box 1215	r	r					\$	200.00	
City Media	State	Zip Code (Plus 4)	4	20	2021			
	PA	190638215							
Full Name of Contributor				мо	DAY	YEAR			
Diane Zilka									
Mailing Address 813 n. Street	Charles .		、	4	14	2021	\$	200.00	
City Philadelphia	State PA	Zip Code (Plus 4 19130	J	4	14	2021			
L	1					1			

PAGE TOTAL

\$

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

500.00

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:	<u>3/3</u>	0/2021	То:	<u>5/3/2021</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee APSCUF				мо	DAY	YEAR	\$ 500.00
Mailing Address PO Box 11995				4	20	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171081995					
Full Name of Contributing Committee Aqua America, Inc. H2O Political Action	Committee			мо	DAY	YEAR	\$ 500.00
Mailing Address 762 W Lancaster Ave City Bryn Mawr	State	Zip Code (Plus 4) 190103402		4	20	2021	
Full Name of Contributing Committee Certified Public Accountants PAC				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 500 N 3rd St Ste 60	600A		4	20	2021	,,	
City Harrisburg	State PA	Zip Code 171011	e (Plus 4) 163				
Full Name of Contributing Committee Greenlee Partners State PAC		-		мо	DAY	YEAR	\$ 500.00
Mailing Address PO Box 291				4	20	2021	
City Harrisburg	State PA	Zip Code 171080	e (Plus 4) 291				
Full Name of Contributing Committee PA Auto PAC				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 1925 N Front St				4	20	2021	
City Harrisburg	State PA	Zip Code 171022	e (Plus 4) 214				
Full Name of Contributing Committee PECO PAC				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 2301 Market St S14	-2			4	8	2021	_,
City Philadelphia	State PA	Zip Code 191031	e (Plus 4) 338				

PAGE 6

Full Name of Contributing Committee	ee		мо	DAY	YEAR		
Pennsylvania American Water			MO			\$	500.00
Mailing Address 852 Wesley Dr			4	8	2021	1	500.00
City Mechanicsburg	State	Zip Code (Plus 4)		0	2021		
	PA	170554436					
Full Name of Contributing Committe	ee	-	мо	DAY	YEAR		
Pennsylvania Optometric PAC						\$	500.00
Mailing Address 218 North St			4	20	2021		
City Harrisburg	State	Zip Code (Plus 4)	1	20	2021		
	ΡΑ	171011124					
Full Name of Contributing Committe	ee		мо	DAY	YEAR		
State Street Advisors PAC						\$	1,000.00
Mailing Address State Street Bu	ilding, 500 N Third S	St., 11th Fl	4	20	2021		
City Harrisburg	State	Zip Code (Plus 4)	1	20	2021		
	PA	17101					
Full Name of Contributing Committe	ee		мо	DAY	YEAR		
Vision Committee						\$	500.00
Mailing Address 2205 Strawberr	ry Sq		4	20	2021		
City Harrisburg	State	Zip Code (Plus 4)	1	20	2021		
	PA	171011801					
Full Name of Contributing Committe	ee		мо	DAY	YEAR		
Wojdak for the Commonwealth PA	С					\$	500.00
Mailing Address 30 N 3rd St			4	20	2021		
City Harrisburg	State	Zip Code (Plus 4)					
	PA	171011703					
					Γ		PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	7,500.00
						r	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			Repo	orting Pe	riod			
Friends of Donna Bullock			From: <u>3/30/2021</u>			<u>021</u> To	<u>1</u> To: <u>5/3/202</u>	
				DA	TE			AMOUNT
Full Name of Contributor Ben Washington General Contracting				мо	DAY	YEAR	\$	1,000.00
Mailing Address 3350 Lewisberry Rc				4	20	2021		
City York	State	Zip Code (Plus	; 4)		20			
	РА	174048408						
Employer Name				Occupat	ion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page,	Sectio	on 3.			\$	PAGE TOTAL 1,000.00

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 Candid	late		Report	ing Perio	d			
Friends of Donna Bullock From:			From:	n: <u>3/30/2021</u> To:				<u>5/3/2021</u>
				D	ATE		AMOUNT	
Full Name PayPal				мо	DAY	YEAR	\$	1.24
Mailing Address 1840 Embarcade	ro Rd			4	25	202		
City Palo Alto	State CA	Zip Code (94303330	-		23	202.		
Receipt Description cash back of	n credit card	•						
			a	_				PAGE TOTAL
Enter Grand Total of Part E on Sch	iedule I, Detailed	Summary Page,	Section	4.			\$	1.24

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 Period								
Friends of Donna Bullock	From:	<u>3/30/2021</u> то:	<u>5/3/2021</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	riod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)								
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			Reporting	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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,		PAGE TOTA	L
						\$		0.00

PAGE 11

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

Name of Filing Committee or Candidate			Re	porting l	Period		
			Fro	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 Place 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>3/3(</u>	0/2021	То:	<u>5/3/2021</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
ActBlue								
Mailing Address 366 Summ	ier St		4	5	2021	\$	4.90	
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	MA	021443132	financia	l services,	march 2	021 proc	cessing fee	
Fo Whom Paid			мо	DAY	YEAR			
ActBlue	ActBlue							
Mailing Address 366 Summ	ier St		4	9	2021	\$	11.73	
City Somerville	State	Zip Code (Plus 4)	Description of Expenditure					
	MA	021443132	financial services, march 2021 fee					
To Whom Paid			мо	DAY	YEAR			
Little Amps Coffee								
Mailing Address 133 State	St		4	20	2021	\$	123.56	
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	171011027	food for	event				
							PAGE TOTAL	
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item I).			\$	140.19	