### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | Filer Identification 20150218 Re<br>Number : File |             |           |                     |            |        |             |        | CAND               | IDATE   |          | CC        | OMM:                   | ITTEE                | <b>√</b> [     | LOB      | BYIST    |          |          |
|--|---|-------------|-----------|---------------------|------------|--------|-------------|--------|--------------------|---------|----------|-----------|------------------------|----------------------|----------------|----------|----------|----------|----------|
| Name of Filing C                         | Committee   | e, Candida  | ate or L  | obbyist:            |            | Frie   | nds         | of Do  | nna Bul            | lock    |          |           |                        |                      |                |          |          |          |          |
| Street Address:                          | РО В  | ox 58921    |           |                     |            |        |             |        |                    |         |          |           |                        |                      |                |          |          |          |          |
| City:                                    | Philad<br>-                                       | delphia     |           |                     |            |        |             |        | State:             | PA      |          |           |                        | Zip Cod              | <b>e:</b> 19   | 102      | _        |          |          |
| TYPE OF<br>REPORT                        | 6TH TUES<br>PRE-PRIM                              |             | 1.        | 2ND FRIC<br>PRIMARY | AY PRE     | -      | 2. <b>X</b> | 30 DA  |                    | POST-   | POST- 3. |           |                        | AMENDMENT<br>REPORT? |                | Yes      | N        | 0        | <b>\</b> |
| (place X to<br>the right of              | e X to PRE-ELECTION ELECTION                      |             |           |                     |            |        | 30 DA       |        | POST- 6.           |         |          |           | TERMINATION<br>REPORT? |                      | Yes            | N        | 0        | <b>\</b> |          |
| report type)                             | ANNUAL  | REPORT      | 7.        | <b>Year</b> 202     | .3         |        |             |        | NG METH<br>CHECK ( |         |          |           | ı                      | PAPER                |                | <b>\</b> | DISK     | ETTE     |          |
| Name of Office S                         | -<br>Sought by                                    | Candidat    | e:        |                     |            |        |             |        | DATE               | OF EL   | ECT      | ION       |                        | District<br>Number   | Office<br>Code | Pa       | rty Code | Cour     |          |
|  |   |             |           |                     |            |        |             |        | МО                 | DAY     | 7        | YEAR      |                        |                      |                |          |          |          |          |
|  |   |             |           |                     |            |        |             |        | 1                  | 1       | 7        | 20        | )23                    |                      | (SEE INS       | TRUCT    | ONS FOR  | CODES    | )        |
| Summary of                               |   | and         | МО        | DAY                 | YEAF       | ₹      |             |        | МО                 | DAY     | 7        | YEAR      |                        | FO                   | R OFFIC        | E USE    | ONLY     |          |          |
| Expenditures                             | from:   |             |           | 3 2                 | .8 2       | 2023   | Т           | 0      |                    | 5       | 1        | 20        | )23                    |                      |                |          |          |          |          |
| A. Amount Bro                            | ught Forv   | vard From   | ı Last R  | eport               |            |        |             | \$     |                    |         | 8        | 7,405.    | .28                    |                      |                |          |          |          |          |
| B. Total Moneta                          | ary Contri  | ibutions A  | And Rec   | eipts (Fro          | m Sche     | edule  | ı)          | \$     |                    |         | 1        | 1,989.    | .01                    |                      |                |          |          |          |          |
| C. Total Funds                           | Available   | (Sum Of     | Lines A   | and B)              |            |        |             | \$     |                    |         | 9        | 9,394.    | .29                    |                      |                |          |          |          |          |
| D. Total Expend                          | ditures (F  | rom Sche    | dule II   | [)                  |            |        |             | \$     |                    |         | 1        | 3,813.    | 90                     |                      |                |          |          |          |          |
| E. Ending Cash                           | Balance   | (Subtract   | Line D    | From Line           | e C)       |        |             | \$     |                    |         | 8        | 5,580.    | 39                     |                      |                |          |          |          |          |
| F. Value Of In-                          | Kind Cont   | ributions   | Receive   | ed (From            | Schedu     | ile II | ()          | \$     |                    |         |          | 0.        | 00                     |                      |                |          |          |          |          |
| G. Unpaid Debt                           | s And Ob  | ligations   | (From S   | chedule :           | IV)        |        |             | \$     |                    |         |          | 0.        | 00                     |                      | ,              |          |          |          |          |
|  |   |             |           |                     | AFF        | -ID/   | \VI         | T SE   | CTION              |         |          |           |                        |                      |                |          |          |          |          |
| PART I - If this is                      |   | -           |           | _                   |            |        |             |        |                    | =       | -        |           | _                      |                      |                |          |          |          |          |
| I swear (or affirm) correct and comple   |   | eport, inci | uaing the | attached s          | scneaule   | s file | a on        | paper  | or by elec         | tronic  | meai     | um, are   | to th                  | ie best of           | ту кпоч        | vieage   | and be   | ier, tr  | ue       |
| Sworn to and subs                        | cribed befo                                       | ore me this |           | 20                  |            |        |             |        |                    |         |          | Signa     | ture                   | of Person            | Submitt        | ing Re   | port     |          |          |
|  | <u> </u>  | Signatur    | e         |                     |            |        |             | -<br>- |                    |         |          |           |                        | Print                | ed Name        |          |          |          | -        |
| My Commission Ex                         | cpires  |             |           |                     |            |        |             |        |                    |         |          |           |                        | Emai                 | <u> </u>       |          |          |          | -        |
|  | •   | мо          | D         | ΑY                  | YR         |        |             |        |                    |         | Area (   | Code      |                        | Daytime              | Teleph         | one Nu   | ımber    |          |          |
| Part II- If this is                      | a report  | of a cand   | idate's   | authorize           | d Comr     | nitte  | e, C        | andid  | ate shal           | l sign  | here     | e.        |                        |                      |                |          |          |          |          |
| I swear (or affirm)<br>No 320) as amende |   | e best of m | y knowle  | edge and b          | elief this | s poli | tical       | comm   | ittee has          | not vio | lated    | l any pro | ovisio                 | ons of the           | act of Ju      | ine 3,1  | 937 (P.  | L. 133   | 3,       |
| Sworn to and subsc                       |   | e me this   |           |                     |            |        |             |        |                    | _       |          |           | Sig                    | nature o             | f Candida      | ite      |          |          | -        |
|  | day of<br>—                                       |             |           |                     |            |        |             | -      |                    |         |          |           |                        | Printe               | d Name         |          |          |          | -        |
|  |   | Signature   |           |                     |            |        |             | -      |                    |         |          |           |                        |                      |                |          |          |          | _        |
| My Commission Exp                        |   |             |           |                     |            |        |             |        |                    |         |          |           |                        | Emai                 | ı              |          |          |          |          |
|  | _   | МО          | D         | AY                  | YF         | ₹      |             | •      |                    | Are     | a Co     | de        |                        | Da                   | ytime Te       | lepho    | ne Num   | ber      | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |                 |              |           |
|--|-----------|-----------------|--------------|-----------|
| Name of Filing Committee or Candidate  | Reporting | g Period        |              |           |
| Friends of Donna Bullock   | From:     | <u>3/28/202</u> | <u>3</u> To: | 5/1/2023  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |                 |              |           |
| TOTAL for the Reporting  | ) Period  | (1)             | \$           | 139.01    |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |                 |              |           |
| Contributions Received From Political Committees (Part A)  | -         |                 | \$           | 250.00    |
| All Other Contributions (Part B)   |           |                 | \$           | 100.00    |
| TOTAL for the Reporting  | Period    | (2)             | \$           | 350.00    |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |                 |              |           |
| Contributions Received From Political Committees (Part C)  |           |                 | \$           | 9,000.00  |
| All Other Contributions (Part D)   |           |                 | \$           | 2,500.00  |
| TOTAL for the Reporting  | Period    | (3)             | \$           | 11,500.00 |
| 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 |           |                 | \$           | 11,989.01 |

#### **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 | Reporting Period |           |     |          |  |  |  |
|---------------------------------------|------------------|-----------|-----|----------|--|--|--|
| Friends of Donna Bullock              | From:            | 3/28/2023 | То: | 5/1/2023 |  |  |  |
|                                       |                  | DATE      |     | AMOUNT   |  |  |  |

| Full Name of Contributing C<br>Mid-Atlantic Assocation of C | МО            | DAY               | YEAR |    |      |                  |
|---|---------------|-------------------|------|----|------|------------------|
| Mailing Address 356 N                                       | lartingale Dr |                   |      |    |      | <b>\$</b> 250.00 |
| City Camp Hill  | State         | Zip Code (Plus 4) | 4    | 13 | 2023 |                  |
| ·   | PA            | 170118300         |      |    |      |                  |

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

**PAGE TOTAL \$** 250.00

### 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: 3/28/2023
 To: 5/1/2023

DATE AMOUNT

| Full Name of Contributor  Daniel Muroff | МО                 | DAY                                   | YEAR |    |      |                  |
|---|--------------------|---------------------------------------|------|----|------|------------------|
| Mailing Address 207 Avian Aly           |                    |                                       |      |    |      | <b>\$</b> 100.00 |
| Media                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190632438 | 4    | 25 | 2023 |                  |

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

**PAGE TOTAL \$** 100.00

#### **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                                       | lame of Filing Committee or Candidate Report |                        |                           |            |        |      |                  |
|---|--|------------------------|---------------------------|------------|--------|------|------------------|
| Friends of Donna Bullock  |  |                        | From:                     | <u>3/2</u> | 8/2023 | То:  | 5/1/2023         |
|   |  |                        |                           | DA         | TE     |      | AMOUNT           |
| Full Name of Contributing Committee  AFSCME Council 13                      |  |                        |                           | МО         | DAY    | YEAR |                  |
| Mailing Address 4031 Executive Park   | Dr   |                        |                           |            |        |      | <b>\$</b> 500.00 |
| <b>City</b> Harrisburg  | State<br>PA                                  | <b>Zip Cod</b>         | <b>e (Plus 4)</b><br>.507 | 4          | 25     | 2023 |                  |
| Full Name of Contributing Committee Bigley & Dikkle PAC                     | МО   | DAY                    | YEAR                      |            |        |      |                  |
| Mailing Address 24 Aqueduct Rd  City Duncannon                              | State   Zip Code (Plus 4)                    |                        |                           |            | 25     | 2023 | \$ 500.00        |
| Full Name of Contributing Committee Calpine PAC                             |  |                        |                           | МО         | DAY    | YEAR |                  |
| Mailing Address 6 Hillman Dr Ste 20   | 1  |                        |                           |            |        |      | <b>\$</b> 500.00 |
| <b>City</b> Chadds Ford   | State<br>PA                                  | <b>Zip Cod</b> 193179  | <b>e (Plus 4)</b><br>9713 | 4          | 25     | 2023 |                  |
| Full Name of Contributing Committee  Cozen O'Conner Political Action Commit | ttee   |                        |                           | МО         | DAY    | YEAR |                  |
| Mailing Address 17 N 2nd St Ste 141  City Harrisburg                        | State PA                                     | <b>Zip Code</b>        | <b>e (Plus 4)</b><br>.636 | 4          | 25     | 2023 | \$ 500.00        |
| Full Name of Contributing Committee  Democracy Fund                         |  |                        |                           | МО         | DAY    | YEAR |                  |
| Mailing Address 208 N 3rd St Ste 31   | .0   |                        |                           |            |        |      | \$ 500.00        |
| <b>City</b> Harrisburg  | <b>State</b><br>PA                           | <b>Zip Code</b> 171011 | <b>e (Plus 4)</b><br>.513 | 4          | 25     | 2023 |                  |

|   |                     |                                    |           |               |                  | FAGL 6        |       |
|---|---------------------|------------------------------------|-----------|---------------|------------------|---------------|-------|
| Full Name of Contributing Committee   |                     |                                    | мо        | DAY           | YEAR             |               |       |
| Dentons Cohen & Dentons Cohen & Dentons Cohen & Dentons PC PAGE   | C                   |                                    | МО        | DAT           | TEAR             |               |       |
| Mailing Address 626 LIBERTY Ave   |                     |                                    |           |               |                  | <b>\$</b> 500 | 0.00  |
| <b>City</b> Pittsburgh  | State               | Zip Code (Plus 4)                  | 4         | 25            | 2023             |               |       |
| -   | PA                  | 15222                              |           |               |                  |               |       |
| Full Name of Contributing Committee   | ·                   | •                                  | мо        | DAY           | YEAR             |               |       |
| Fund For Pennsylvania Leadership  |                     | МО                                 | DAT       | TEAR          |                  |               |       |
| Mailing Address 401 N 2nd St  |                     |                                    |           | <b>\$</b> 500 | 0.00             |               |       |
| <b>City</b> Harrisburg  | State               | Zip Code (Plus 4)                  | 4         | 25            | 2023             |               |       |
| _   | PA                  | 171011378                          |           |               |                  |               |       |
| Full Name of Contributing Committee   |                     |                                    |           |               | YEAR             |               |       |
| Greenlee Partners State Pac   |                     |                                    |           |               |                  |               |       |
| Mailing Address 230 State St  |                     |                                    | 4         | 25            | 2023             | <b>\$</b> 500 | 00.00 |
| <b>City</b> Harrisburg  | State               | Zip Code (Plus 4)                  | 4         | 23            | 2023             |               |       |
|   | PA                  | 171011172                          |           |               |                  |               |       |
|   |                     |                                    |           |               |                  |               |       |
| Full Name of Contributing Committee LAWPAC  |                     |                                    | МО        | DAY           | YEAR             |               |       |
|   | 01                  |                                    | МО        |               | YEAR             | \$ 500        | 0.00  |
| Mailing Address 212 N 3rd St Ste 1  | 01                  | Zip Code (Plus 4)                  | <b>MO</b> | <b>DAY</b> 25 | <b>YEAR</b> 2023 | \$ 500        | 0.00  |
| Mailing Address 212 N 3rd St Ste 1  |                     | <b>Zip Code (Plus 4)</b> 171011505 |           |               |                  | \$ 500        | 00.00 |
| Mailing Address 212 N 3rd St Ste 1  | State               |                                    |           |               |                  | \$ 500        | 00.00 |
| LAWPAC  Mailing Address 212 N 3rd St Ste 1  City Harrisburg  Full Name of Contributing Committee  | State<br>PA         |                                    | 4         | 25            | 2023             |               | 00.00 |
| LAWPAC  Mailing Address 212 N 3rd St Ste 1  City Harrisburg  Full Name of Contributing Committee NiSource Inc. PAC  Mailing Address 800 N 3rd St Ste 2  | State<br>PA         |                                    | 4         | 25            | 2023             |               |       |
| LAWPAC  Mailing Address 212 N 3rd St Ste 1  City Harrisburg  Full Name of Contributing Committee  NiSource Inc. PAC  Mailing Address 800 N 3rd St Ste 2   | State PA            | 171011505                          | 4         | DAY           | 2023<br>YEAR     |               |       |
| LAWPAC  Mailing Address 212 N 3rd St Ste 1  City Harrisburg  Full Name of Contributing Committee NiSource Inc. PAC  Mailing Address 800 N 3rd St Ste 2  | State PA  04  State | 171011505  Zip Code (Plus 4)       | 4 MO      | 25<br>DAY 25  | 2023 YEAR 2023   |               |       |
| Mailing Address 212 N 3rd St Ste 1  City Harrisburg  Full Name of Contributing Committee NiSource Inc. PAC  Mailing Address 800 N 3rd St Ste 2  City Harrisburg   | State PA  04  State | 171011505  Zip Code (Plus 4)       | 4         | DAY           | 2023<br>YEAR     |               |       |
| Mailing Address 212 N 3rd St Ste 1  City Harrisburg  Full Name of Contributing Committee NiSource Inc. PAC  Mailing Address 800 N 3rd St Ste 2  City Harrisburg   | State PA  04  State | 171011505  Zip Code (Plus 4)       | 4 MO      | 25 DAY 25     | 2023 YEAR 2023   | \$ 500        |       |
| LAWPAC  Mailing Address 212 N 3rd St Ste 1  City Harrisburg  Full Name of Contributing Committee NiSource Inc. PAC  Mailing Address 800 N 3rd St Ste 2  City Harrisburg  Full Name of Contributing Committee P.C. COALITION PAC | State PA  04  State | 171011505  Zip Code (Plus 4)       | 4 MO      | 25<br>DAY 25  | 2023 YEAR 2023   | \$ 500        | 00.00 |

| Full Name of Contributing Committee PA Policy PAC  Mailing Address 200 N 3rd St Ste 11A  State Zip Code (Plus 4)  PA 171011505  |        |
|---|--------|
| PA Policy PAC  Mailing Address 200 N 3rd St Ste 11A  City Harrisburg State Zip Code (Plus 4)  4 25 2023   |        |
| City Harrisburg State Zip Code (Plus 4) 4 25 2023   |        |
| City Harrisburg   | 500.00 |
|   |        |
| PA 171011585  |        |
| Full Name of Contributing Committee MO DAY YEAR   |        |
| Pennsylvania Optometric Political Action Committee  |        |
| Mailing Address 908 N 2nd St \$   | 500.00 |
| City Harrisburg State Zip Code (Plus 4) 4 25 2023   |        |
| PA 171023119  |        |
| Full Name of Contributing Committee PHA HomePAC  MO DAY YEAR  |        |
| Mailing Address 600 N 12th St Ste 200 \$  | 500.00 |
| City Lemoyne State Zip Code (Plus 4) 4 25 2023  |        |
| PA 170431218  |        |
| Full Name of Contributing Committee   |        |
| PSEA PACE MO DAY YEAR   |        |
|   | 500.00 |
| PSEA PACE  Mailing Address PO Box 1724  \$ \$ 25 2023   | 500.00 |
| PSEA PACE  Mailing Address PO Box 1724  \$  | 500.00 |
| PSEA PACE  Mailing Address PO Box 1724  City Harrisburg  State Zip Code (Plus 4)  4 25 2023   | 500.00 |
| Mailing Address PO Box 1724  City Harrisburg State PA 25 PA 2023  Full Name of Contributing Committee Saul Ewing Arnstein & Eamp; Lehr LLP  Mailing Address 1500 Market St Fl 38  \$ \$ \$ \$ \$ \$   | 500.00 |
| Mailing Address PO Box 1724  City Harrisburg State PA   |        |
| Mailing Address PO Box 1724  City Harrisburg State PA   |        |
| Mailing Address PO Box 1724  City Harrisburg State PA CE Saul Ewing Arnstein & State Saul Ewing Arnstein & State Saul Ewing Arnstein & State Saul Ewing Address State Saul Ewing Address State Saul Ewing Address State |        |
| PSEA PACE  Mailing Address PO Box 1724  City Harrisburg State PA  |        |
| PSEA PACE  Mailing Address PO Box 1724  City Harrisburg State PA 25 2023  Full Name of Contributing Committee Saul Ewing Arnstein & PA 25 2023  City Philadelphia State PA 25 2023  Full Name of Contributing Committee PA 25 2023  State PA 25 2023  Full Name of Contributing Committee PA 25 2023  State PA 25 2023  Full Name of Contributing Committee PA 205 Strawborn Sq. 2005 | 500.00 |

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

**PAGE TOTAL \$** 9,000.00

## 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 Co   | ommittee or Candidate        |       |     |            | Rep     | orting Pe            | riod                  |               |               |        |  |
|---|------------------------------|-------|-----|------------|---------|----------------------|-----------------------|---------------|---------------|--------|--|
| Friends of Donn   | a Bullock                    |       |     |            | Fron    | n:                   | <u>3/28/2</u>         | <u>023</u> To | <b>5</b> :    | 1/2023 |  |
|   |                              |       |     |            |         | D.                   | ATE                   |               | AMOUN         | т      |  |
| Full Name of Con  | tributor                     |       |     |            |         | мо                   | DAY                   | YEAR          |               |        |  |
| Joseph T Birli  |                              |       |     |            |         | MO                   | DAI                   | ILAK          |               |        |  |
| Mailing<br>Address  | 1863 Bethany Rd              |       |     |            |         |                      |                       |               | \$            | 500.00 |  |
| City Womelsd  | lorf                         | State | Zip | Code (Plus | 4)      | 4                    | 25                    | 2023          | 3             |        |  |
|   |                              | PA    | 195 | 5679214    |         |                      |                       |               |               |        |  |
| Employer Name   | Name Bethany Children?s Home |       |     |            |         |                      | <b>Occupation</b> CEO |               |               |        |  |
| Employer Mailing Address/Principal Place of City Business |                              |       |     |            | State   |                      | Zip Code (Plus 4)     |               |               |        |  |
| 1863 Bethany Rd Womelsdorf                                |                              |       |     | PA 1       |         |                      | 195679214             |               |               |        |  |
| Full Name of Contributor                                  |                              |       |     | МО         | DAY     | YEAR                 |                       |               |               |        |  |
| Kara A Dolphin E  |                              |       |     |            |         |                      |                       |               | 4             |        |  |
| Mailing<br>Address  | 366 N 28th St                |       |     |            |         |                      |                       |               | \$            | 500.00 |  |
| City Camp Hil   |                              | State | Zip | Code (Plus | : 4)    | 4                    | 25                    | 2023          | 3             |        |  |
|   | •                            | PA    | 170 | 0112801    |         |                      |                       |               |               |        |  |
| Employer Name   | Keystone Ingenuity, L        | LC    |     |            |         | Occupation President |                       |               |               |        |  |
| Employer Mailing<br>Business                              | Address/Principal Plac       | e of  |     | City       |         | State Zip Code (     |                       |               | Zip Code (Plu | ıs 4)  |  |
| 366 N 28th St   |                              |       |     | Camp Hil   | I       |                      | PA                    |               | 170112801     |        |  |
| Full Name of Con  | tributor                     |       |     |            |         |                      | DAY                   | VEAD          |               |        |  |
| Ronald G Henry  |                              |       |     |            |         | МО                   | DAY                   | YEAR          |               |        |  |
| Mailing<br>Address  | 1220 Round Hill Rd           |       |     |            |         |                      |                       |               | <b>\$</b>     | 500.00 |  |
| City Bryn May   | wr                           | State | Zip | Code (Plus | 4)      | 4                    | 25                    | 2023          | ;             |        |  |
| PA 190101938  |                              |       |     |            |         |                      |                       |               |               |        |  |
| Employer Name Self  |                              |       |     |            | Occupat | tion A               | Attorney              | ,             |               |        |  |
| Employer Mailing<br>Business                              | Address/Principal Plac       | e of  |     | City       |         |                      | State                 |               | Zip Code (Plu | ıs 4)  |  |
| 1220 Round Hill   | Rd                           |       |     | Bryn Mav   | vr      |                      | PA                    |               | 190101938     |        |  |

| Full Name of Con  | tributor    |       |             |                 | мо      | DAY                     | YEAR |                   |  |  |
|---|-------------|-------|-------------|-----------------|---------|-------------------------|------|-------------------|--|--|
| Marcia Perry Dix  |             |       |             |                 | MO      | DAT                     | TEAR |                   |  |  |
| Mailing<br>Address  | 862 Fawn Ln |       |             |                 |         |                         |      | <b>\$</b> 500.00  |  |  |
| City Hummels  | stown       | State | Zi          | p Code (Plus 4) | 4       | 29                      | 2023 |                   |  |  |
|   |             | PA    | 27.0507.200 |                 |         |                         |      |                   |  |  |
| Employer Name Perry Media Group                           |             |       |             |                 |         | <b>ion</b>              | EO   | •                 |  |  |
| Employer Mailing Address/Principal Place of City Business |             |       |             |                 |         | State Zip Code (Plus 4) |      |                   |  |  |
| 862 Fawn Ln Hummelstown                                   |             |       |             |                 |         | PA                      |      | 170367203         |  |  |
| Full Name of Con  | tributor    |       |             |                 | МО      | DAY                     | YEAR |                   |  |  |
| Robert S Taylor,  | Esq         |       |             |                 | PIO     | DAI                     | ILAK |                   |  |  |
| Mailing<br>Address  | PO Box 6349 |       |             |                 |         |                         |      | \$ 500.00         |  |  |
| City Harrisbu   | rg          | State | Zi          | p Code (Plus 4) | 4       | 25                      | 2023 |                   |  |  |
|   |             | PA    | 17          | 1120349         |         |                         |      |                   |  |  |
| Employer Name The Cameron Companies, LLC                  |             |       |             |                 | Occupat | n & CEO                 |      |                   |  |  |
| Employer Mailing Address/Principal Place of City Business |             |       |             |                 | State   |                         |      | Zip Code (Plus 4) |  |  |
| PO Box 6349 Harrisburg                                    |             |       |             |                 |         | PA                      |      | 171120349         |  |  |
|   |             |       | <u> </u>    |                 |         |                         |      | PAGE TOTAL        |  |  |

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

**PAGE TOTAL**\$ 2,500.00

## 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 Ca  | ndidate                |                  | Repor   | ting Perio | od  |      |    |            |
|---------------------------------|------------------------|------------------|---------|------------|-----|------|----|------------|
|                                 |                        |                  | From:   |            |     | To:  |    |            |
|                                 |                        |                  |         | D          | ATE |      |    | AMOUNT     |
| Full Name                       |                        |                  |         | МО         | DAY | YEAR |    |            |
| Mailing Address                 |                        |                  |         |            |     |      | \$ | 0.00       |
| City                            | State                  | Zip Code (       | Plus 4) |            |     |      |    |            |
| Receipt Description             | ·                      | •                |         |            |     | •    | •  |            |
| Enter Grand Total of Part E on  | Schedule T Detailed    | l Summary Page   | Section | 4          |     |      | ı  | PAGE TOTAL |
| zinci. Grana rotal or rait z on | ocilculate 1, Detailet | . Janimary rage, | Section |            |     |      | \$ | 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 | od                    |                 |
|--|-----------------|-----------------------|-----------------|
| Friends of Donna Bullock   | From:           | 3/28/2023 <b>To</b> : | <u>5/1/2023</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR  |                       |                 |
| 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 Candidate   |                   |                       | Reporting Period |              |      |            |            |  |  |
|---|-------------------|-----------------------|------------------|--------------|------|------------|------------|--|--|
|   |                   |                       | From:            |              |      | То:        |            |  |  |
|   |                   |                       |                  | DATE         |      |            | AMOUNT     |  |  |
| Full Name of Contributor  |                   |                       |                  | DAY          | YEAR |            |            |  |  |
| Mailing Address   |                   |                       |                  |              |      | <b>\$</b>  | 0.00       |  |  |
| City  | State             | Zip Code (Plus 4)     |                  |              |      |            |            |  |  |
| Description of Contribution:  |                   |                       |                  |              |      |            |            |  |  |
| Enter Grand Total of Part F on Se   | chedule II In-Vir | nd Contributions Data | iled Sum         | mary Pag     |      |            | DACE TOTAL |  |  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2. |                   |                       |                  | illiai y Pag | je,  | PAGE TOTAL |            |  |  |
|   |                   |                       |                  |              |      | \$         | 0.00       |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                                      |       |          | Reporting Period |         |           |      |                           |      |                        |        |
|--|-------|----------|------------------|---------|-----------|------|---------------------------|------|------------------------|--------|
|  |       |          |                  |         | Fro       | m:   |                           | To:  |                        |        |
|  |       |          |                  |         |           |      | DATE                      |      |                        | AMOUNT |
| Full Name of Contributor   |       |          |                  |         |           | мо   | DAY                       | YEAR |                        |        |
| Mailing Address  |       |          |                  |         |           |      |                           | \$   | 0.00                   |        |
| City   | State |          | Zip Code(F       | Plus 4) |           |      |                           |      |                        |        |
| Employer of Contributor Occupation   |       |          |                  |         |           | tion |                           |      |                        |        |
| Employer Mailing Address/Principal Place of<br>Business                    |       | City St. |                  | State   | Zip<br>4) |      | Zip Code(Plus<br>4) Descr |      | iption of Contribution |        |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed |       |          |                  |         |           |      | PAGE TOTAL                |      |                        |        |
| Summary Page, Section 3.   | ,     |          |                  |         |           |      |                           |      |                        | 0.00   |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate              |                        |                            |  | Reporting Period |           |          |            |  |
|--|------------------------|----------------------------|--|------------------|-----------|----------|------------|--|
| Friends of Donna Bullock                           |                        |                            | From   | <u>3/2</u> 9     | 8/2023    | То:      | 5/1/2023   |  |
|  |                        |                            |  | DATE             |           |          | AMOUNT     |  |
| To Whom Paid                                       |                        |                            | МО   | DAY              | YEAR      |          |            |  |
| ActBlue  |                        |                            |  |                  |           |          |            |  |
| Mailing Address 366 Summer St                      |                        |                            |  | 11               | 2023      | \$       | 3.36       |  |
| City Somerville                                    | State                  | Zip Code (Plus 4)          | Descrip  | tion of Ex       | enditure  | <u>'</u> |            |  |
|  | MA                     | 021443132                  | Software   |                  |           |          |            |  |
| <b>To Whom Paid</b><br>HDCC                        | МО                     | DAY                        | YEAR   |                  |           |          |            |  |
| Mailing Address PO Box 555                         |                        |                            |  | 14               | 2023      | \$       | 12,500.00  |  |
| <b>City</b> Harrisburg                             | State                  | Zip Code (Plus 4)          | Descrip  | tion of Ex       | oenditure | <u> </u> |            |  |
|  | PA                     | 171080555                  | Assessi  |                  |           |          |            |  |
| <b>To Whom Paid</b><br>Little Amps Coffee          | МО                     | DAY                        | YEAR   |                  |           |          |            |  |
| Mailing Address 133 State St                       |                        |                            |  | 25               | 2023      | \$       | 125.54     |  |
| City Harrisburg                                    | Zip Code (Plus 4)      | Description of Expenditure |  |                  |           |          |            |  |
|  | PA                     | 171011027                  | food fo  |                  |           |          |            |  |
| <b>To Whom Paid</b><br>NGP Van                     | МО                     | DAY                        | YEAR   |                  |           |          |            |  |
| Mailing Address 1101 15th St NW Ste 500            |                        |                            |  | 7                | 2023      | \$       | 810.00     |  |
| City Washington                                    | State                  | Zip Code (Plus 4)          | Descrip  | tion of Ex       | enditure  | <u>'</u> |            |  |
|  | DC                     | 200055006                  | Softwa   | re               |           |          |            |  |
| <b>To Whom Paid</b><br>The Council of State Govern | МО                     | DAY                        | YEAR   |                  |           |          |            |  |
| Mailing Address 22 Cortlandt St Fl 22              |                        |                            | 4  | 11               | 2023      | \$       | 375.00     |  |
| City New York                                      | State                  | Zip Code (Plus 4)          | Description of Expenditure conference registration |                  |           | <u> </u> |            |  |
|  | NY                     | 100073107                  |  |                  |           |          |            |  |
|  |                        |                            |  |                  |           |          | PAGE TOTAL |  |
| Enter Grand Total of Expe                          | nditures on Page 1, Re | port Cover Page, Item l    | ).   |                  |           | I        |            |  |