Campaign Finance Report

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

Filer Identificati Number :	on	20220	C0322				port ed B		CAN	DII	DATE	√	CO	MMITTEE		LOBE	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:				BULL	OCK									•	_
Street Address:																			
City:									State:	!				Zip Code	e: 19	121			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		P	OST-	3.		AMENDME REPORT?	ENT	Yes	No		/
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	Y PRE	≣-	5.	30 DA		POST- 6. TERMINATION Yes REPORT?						No	•	/	
report type)	ANNUAL	. REPORT	7. X	Year 2022						METHOD PAPER DI						DISKE	TTE		
Name of Office S	ought by	Candidat	e:						DATE	0	F ELE	CTI	NC	District Number	Office Code	Par	ty Code	Coun	
DEDDE 051/T1T		OENED		EMBL)/					МО		DAY	Y	EAR	195	STH	DEN	1		
REPRESENTATI	VE IN IF	IE GENER	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)	,
Summary of		s and	МО	DAY	YEAR	R			МО		DAY	Y	EAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		-	11 29	2	022	Т	0		12	(3)	31	2022						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$					0.00						
B. Total Monet	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00		,				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate	e re	port, c	andi	idate sig	ın here.					
I swear (or affirm) correct and complete		report, incli	uding the	attached scl	nedule	s file	d on	paper	or by el	ectr	onic me	ediun	n, are to t	he best of	my know	/ledge	and beli	ef , trı	ıe.
Sworn to and subs	cribed bef day of	ore me this		20									Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	e					- -						Printe	ed Name				-
My Commission Ex	pires							_		•				Email					_
		МО	D	AY	YR						Are	ea Co	de	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	ny provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			-
	——————————————————————————————————————							-						Printed	Name				-
		Signature						-											_
My Commission Exp	ires													Email					
	-	мо	D	AY	YR	t .		-			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DONNA BULLOCK	From:	11/29/202	<u>2</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
			1	
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Re				Reporting Period						
		F	rom:		То	:				
				DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

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.

Name of Filing Com	nittee or Candidate	1	Reporting	Period			
		1	From:		To) :	
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I			1	1		PAGE TOTAL

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	me of Filing Committee or Candidate				Reporting Period					
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	(0.00	

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.)

ame of Filing Committee or Candidate					Reporting Period					
Fron					rom: To:					
				D	ATE			AMOUNT		
				мо	DAY	YEAR	\$	0.00		
State	Zi	p Code (Plus	s 4)							
				Occupa	tion					
ce of Business		City			State		Zip	Code (Plus 4)		
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00		
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip		

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee	or Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Per	iod	
DONNA BULLOCK	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	Name of Filing Committee or Candidate Re					Reporting Period					
	Fr					From: To:					
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						7 \$	C	0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•		•					
					-						
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL				
Section 2.	Section 2.					\$	0	.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total Of Expenditures C	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		