Campaign Finance Report

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

Filer Identificati Number :	on	2015	0218			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBB	YIST	
Name of Filing C	Committee	e, Candid	ate or Lo	obbyist:		FRIE	ND:	S OF	DONNA I	BULLO	CK						
Street Address:	РО В	OX 5892	1														
City:	PE OF PORT OF PRE-PRIMARY 1. 2ND FR PRIMARY PRE-PRIMARY 4. 2ND FR PRE-ELECTION ELECTI								State:	PA			Zip Cod	de: 19	9102		
TYPE OF REPORT			1.	2ND FRIDA' PRIMARY	Y PRE	- 2		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of			4.	2ND FRIDA' ELECTION	y pre	- 5	5.	30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	No	
report type)	ANNUAL	REPORT	7. X	Year 2024					IG METHO				PAPER			DISKE	ΓΤΕ
Name of Office S	- Sought by	Candidat	te:			_	_		DATE 0	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
REPRESENTATI	VE IN TH	IE GENER	AL ASS	EMBLY					МО	DAY	YE	AR	53	STH	DEM		51
				_					11		5	2024		(SEE IN	STRUCTIO	NS FOR C	ODES)
		and			YEAR	024	T	0	MO 12	DAY		2024		R OFFI	CE USE	ONLY	
A Amount Bro	ught Forv	ward Fron			2	024			12		31	2024 338.84	!				
				-	Sche	dule	I)	\$			0,0	0.00	-				
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			8,8	338.84					
D. Total Expen	ditures (F	rom Sch	edule II	I)				\$			8,8	38.84	1				
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00]				
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le II))	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV)			\$				0.00			1		
					AFF	IDA	VI	ΓSE	CTION								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign l	here. I	If thi	s is	a Can	ididate r	eport, d	candi	date sig	jn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedules	s filed	l on p	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed befo	ore me this	:	20							S	ignature	e of Perso	n Submit	ting Rep	ort	
	_	Signatu	re	-				-					Prin	ted Name	e		
My Commission Ex	cpires												Ema	il			
		мо	DA	ΛY	YR			•		Are	ea Cod	le	Daytin	e Telepi	none Nur	nber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nittee	e, Ca	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		e best of m	ny knowle	dge and beli	ef this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		re me this										s	ignature (of Candid	ate		
	day of							•					Printe	d Name			
		Signature						•					Ema	il			
My Commission Exp	oires _												Lilla				
		мо	D#	ΛΥ	YR					Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DONNA BULLOCK	From:	11/26/20	<u>24</u> To:	12/31/2024
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
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 Candida	te		Reporting	Period			
			From:		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.

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 Committe	ee or Candidate		Reporting Period						
			From: To) :			
		•			DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
								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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

OTHER RECEIPTS

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

Name of Filing Committee	or Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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	riod	
FRIENDS OF DONNA BULLOCK	From:	<u>11/26/2024</u> To:	12/31/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	Name of Contributor ing Address State Zip Code (Plus 4)		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		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 Sun	ımary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				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	11/26/2024	То:	12/31/2024

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
BARRISTERS			1.10		7 = 7 1		
Mailing Address 1735 MARKET	ST		12	20	2024	\$	2,000.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191037501	CONTRI	IBUTION			
To Whom Paid			мо	DAY	YEAR		
CANDY'S CAFE TO GO			140	JA.	ILAK		
Mailing Address 4428 FRANKFO	ORD AVE		11	29	2024	\$	500.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191243637	CONTRI	IBUTION			
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF JEFFREY YOUNG JR.	ESQ.		MO		ILAK		
Mailing Address 630 N 32ND S	Γ		12	17	2024	\$	1,000.00
City PHILADELPHIA	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	191042032	CONTRI	IBUTION			
To Whom Paid			МО	DAY	YEAR		
FRIENDS OF PARKER			МО	DAT	TEAR		
Mailing Address 7715 CRITTEN	DEN ST STE 390		12	3	2024	\$	250.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191184473	CONTRI	IBUTION			
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF REGINA YOUNG			MO	DAI	ILAK		
Mailing Address 2602 S 72ND S	ST .		12	10	2024	\$	250.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u>I</u>	
	PA	191532410	CONTRI	IBUTION			
To Whom Paid			МО	DAY	YEAR		
NAACP NATIONAL			INO	DAT	ILAK		
Mailing Address 4805 MOUNT H	HOPE DR		12	28	2024	\$	750.00
City BALTIMORE State Zip Code (Plus 4)) Description of Expenditure				
	MD	212153206	CONTRI	IBUTION			
	•		•				

							17102 12
To Whom Paid			мо	DAY	YEAR		
PENNSYLVANIA LEGISLATIVE BLACK CAUCUS FOUNDATION				DAI	TEAR		
Mailing Address 830 TIMBER CREEK LN			12	2	2024	\$	1,000.00
City WAYNE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	190872177	CONTRIBUTION				
To Whom Paid			МО	DAY	YEAR		
PEOPLE FOR PARKER			МО	DAT	TEAR		
Mailing Address PO BOX 27647			12	19	2024	\$	1,000.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191180647	CONTRIBUTION				
To Whom Paid PHILADELPHIA CITY ROWING			МО	DAY	YEAR		
Mailing Address 1 BOATHOUSE ROW KELLY DR			12	19	2024	\$	1,000.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19130	CONTRIBUTION				
To Whom Paid PLANNED PARENTHOOD ACTION FUND			мо	DAY	YEAR		
Mailing Address 123 WILLIAM ST FL 10			12	29	2024	\$	1,032.50
City NEW YORK	State	Zip Code (Plus 4)	Description of Expenditure				
	NY	100383844	CONTRIBUTION				
To Whom Paid PRINCETON STRATEGIES				DAY	YEAR		
Mailing Address 2008 CHESTNUT ST STE 1R			12	30	2024	\$	56.34
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	191034418	CONSULTING				
							PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D) .			\$	8,838.84