Pennsylvania Department of State
Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: *Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s).* ***This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect.*** *This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.*

Name of Filing Committee, Candidate, or Lobbyist			
Friends of Donna Bullock			
Reporting Cycle Name			
☐ **Cycle 1** 6th Tuesday Pre-Primary	☑ **Cycle 2** 2nd Friday Pre-Primary	☐ **Cycle 3** 30 Day Post Primary	☐ **Cycle 9** 30-Day Post Special Election

Part I *- If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.*

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Treasurer, Candidate, or Lobbyist

5/21/2020
Date

Otis L. Bullock, Sr.
Printed Name

DSEB-502R
4/15/2020

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number: 20150218	Report Filed By:	Candidate 1. ☐	Committee 2. ☑	Lobbyist 3. ☐

Name of Filing Committee, Candidate or Lobbyist:
Friends of Donna Bullock

Street Address:
PO Box 58921

City: Philadelphia | State: PA | Zip Code: 19102

TYPE OF REPORT										
	6th Tuesday Pre-Primary	1. ☐	2nd Friday Pre-Primary	2. ☑	30 Day Post Primary	3. ☐	Amendment Report?	Yes ☐	No ☑	
	6th Tuesday Pre-Election	4. ☐	2nd Friday Pre-Election	5. ☐	30 Day Post Election	6. ☐	Termination Report?	Yes ☐	No ☑	
Other ☐	Annual Report	7. ☐	YEAR	2020						

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number:	Office Code:	Party Code::	County Code:
Representative in the General Assembly	06/02/2020	195	STH	DEM	51

Summary of Receipts and Expenditures	From Date 01/01/2020	To Date 05/18/2020
A. Amount Brought Forward From Last Report		$94,241.21
B. Total Monetary Contributions and Receipts (From Schedule I)		$15,660.00
C. Total Funds Available (Sum of Lines A and B)		$109,901.21
D. Total Expenditures (From Schedule III)		$11,806.06
E. Ending Cash Balance (Subtract Line D from Line C)		$98,095.15
F. Value of In-Kind Contributions Received (From Schedule II)		$230.00
G. Unpaid Debts and Obligations (From Schedule IV)		$0.00

FOR OFFICE USE ONLY

Phila, County
MAY 26 2020
Board of Elections

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, on paper or computer diskette, are to the best of my knowledge and belief true, correct, and complete.

Sworn to and subscribed before me this
_____ day of _____ 20____

_____
Signature

My commission expires _____
MO. DAY YR.

Signature of Person Submitting Report

Otis L Bullock, Jr.
Printed Name

215 | 239-9003
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

My commission expires _____
MO. DAY YR.

D Bullock
Signature of Person Submitting Report

Donna Bullock
Printed Name

732 | 910-3613
Area Code | Daytime Telephone Number

Re-Elect

Donna Bullock

STATE REPRESENTATIVE

Democrat for the 195th Legislative District

TO: Philadelphia County City Commissioners Office
County Board of Elections
City Hall Room 142
Philadelphia, PA 19103

FROM: Donna Bullock

DATE: May 21, 2020

RE: Campaign Finance Reports

Please find two copies of the signed cover page for the Campaign Finance Report for Friends of Donna Bullock and candidate Campaign Finance Statement for Donna Bullock. Upon receipt, please return one set of the time-stamped copies in the enclosed stamped, self-addressed envelope.

Thank you.

P.O. Box 58921, Philadelphia, PA 19102
Phone: 267-986-9050 • info@donnabullock195.com
www.DonnaBullock195.com
Paid for by Friends of Donna Bullock, Otis Bullock, Esq., Treasurer