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:	State:	Zip Code:
Philadelphia	PA	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	2021						

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

Summary of Receipts and Expenditures	From Date 11/23/2021	To Date 12/31/2021
A. Amount Brought Forward From Last Report		$132,952.34
B. Total Monetary Contributions and Receipts (From Schedule I)		$844.00
C. Total Funds Available (Sum of Lines A and B)		$133,796.34
D. Total Expenditures (From Schedule II)		$6,542.84
E. Ending Cash Balance (Subtract Line D from Line C)		$127,253.50
F. Value of In-Kind Contributions Received (From Schedule II)		$0.00
G. Unpaid Debts and Obligations (From Schedule IV)		$0.00

FOR OFFICE USE ONLY

22 JAN 18 AM 11:25

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 by electronic medium, 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

Ambria Johnson
Printed Name

215 281-6188
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.

Signature of Person Submitting Report

Donna Bullock
Printed Name

732 910-3613
Area Code Daytime Telephone Number

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

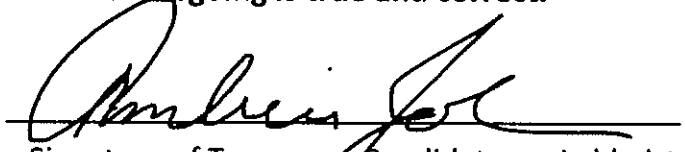
Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Statements

Note: *Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, 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. 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 Statements.*** *This form must be signed by hand where a signature is required.*

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 4** 6th Tuesday Pre-Election	☐ **Cycle 5** 2nd Friday Pre-Election
☐ **Cycle 6** 30 Day Post-Election	☑ **Cycle 7** Annual Report	☐ **Cycle 8** 2nd Friday Pre-Special Election	☐ **Cycle 9** 30 Day Post-Special Election	

Part I – *If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full report by a contributing lobbyist, the lobbyist must sign here.*

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.



Signature of Treasurer, Candidate, or Lobbyist

01/11/2022
Date (DD/MM/YYYY)

Ambria Johnson
Printed Name

Philadelphia, PA
Location (City/State/Country)

Pennsylvania Department of State
Bureau of Campaign Finance & Civic Engagement
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Part II *- If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.*

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature of Candidate	1/12/2022 Date (DD/MM/YYYY)
Donna Bullock Printed Name	Philadelphia, PA. USA Location (City/State/Country)