

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 : 20150217		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: MCCLINTON, JOANNA FRIENDS OF											
Street Address: PO BOX 16668											
City: PHILADELPHIA					State: PA		Zip Code: 19139-9998				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO DAY YEAR			191	STH	DEM	51
					11 8 2016			(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	25	2016			11	28	2016		
A. Amount Brought Forward From Last Report					\$		16,611.90				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		3,000.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		19,611.90				
D. Total Expenditures (From Schedule III)					\$		2,658.02				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		16,953.88				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		0.00				

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 filed 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

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)	\$ 2,000.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 2,000.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,000.00
---	-------------

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				Reporting Period			
MCCLINTON, JOANNA FRIENDS OF				From: <u>10/25/2016</u> To: <u>11/28/2016</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
Pennsylvania Physical Therapy Association, PAC			11	9	2016	
Mailing Address	1500 One PPG Place					
City	State	Zip Code (Plus 4)				
Pittsburg	PA	15222				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
HEALTH PARTNERS PLANS PAC			10	31	2016	
Mailing Address						
901 MARKET ST, SUITE 500						
City	State	Zip Code (Plus 4)				
PHILADELPHIA	PA	19107-0000				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
Pennsylvania SEIU Cope			10	31	2016	
Mailing Address						
1500 North Second Street 2nd Floor						
City	State	Zip Code (Plus 4)				
Harrisburg	PA	17102				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
Greater Philadelphia Chamber of Commerce			10	28	2016	
Mailing Address						
200 South Broad Street STE 700						
City	State	Zip Code (Plus 4)				
Philadelphia	PA	19102				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
AFSCME COUNCIL 13 POL & LEG ACCT			10	28	2016	
Mailing Address						
4031 EXECUTIVE PARK DRIVE						
City	State	Zip Code (Plus 4)				
HARRISBURG	PA	171111507				

Full Name of Contributing Committee IBC, PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1901 Market Street			10	28	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee Friends of Madeleine Dean Committee			MO	DAY	YEAR	\$ 250.00
Mailing Address 795 Glen Road			10	28	2016	
City Jenkintown	State PA	Zip Code (Plus 4) 19046				
Full Name of Contributing Committee Markosek For State Legislature			MO	DAY	YEAR	\$ 250.00
Mailing Address P O Box 193			10	28	2016	
City Monroeville	State PA	Zip Code (Plus 4) 15146				

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

PAGE TOTAL
\$ 2,000.00

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.
(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

DATE			AMOUNT
------	--	--	--------

Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$0.00

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 MCCLINTON, JOANNA FRIENDS OF	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
--	--

				DATE		AMOUNT	
Full Name of Contributing Committee Pennsylvania Optometric PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 218 North Street				10	31	2016	
City Harrisburg	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee Excellent Schools, PA				MO	DAY	YEAR	\$ 500.00
Mailing Address 150 South Independence Mall W STE 1200				11	9	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19106					

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

PAGE TOTAL \$ 1,000.00

PART D
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	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

PART E
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	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 Period	
MCCLINTON, JOANNA FRIENDS OF		From: <u>10/25/2016</u> To: <u>11/28/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From <u>10/25/2016</u> To: <u>11/28/2016</u>

DATE				AMOUNT
To Whom Paid Friends of Barbarann Keffer	MO	DAY	YEAR	
Mailing Address 831 Concord Ave	10	28	2016	\$ 200.00
City Upper Darby	State PA	Zip Code (Plus 4) 19026	Description of Expenditure Donation	
To Whom Paid Friends of Jaret Gibbons	MO	DAY	YEAR	
Mailing Address 930 Bridge Street	10	28	2016	\$ 200.00
City Ellwood City	State PA	Zip Code (Plus 4) 16117	Description of Expenditure Donation	
To Whom Paid Bible Union Fellowship Church	MO	DAY	YEAR	
Mailing Address 6049 Pine Street	11	5	2016	\$ 160.00
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure 40th Anniversary Ticket & Souvenir Ad	
To Whom Paid Urban Affairs Coalition	MO	DAY	YEAR	
Mailing Address 1207 Chestnut Street STE 607	11	5	2016	\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Thanksgiving Turkey Drive	
To Whom Paid Joanna McClinton	MO	DAY	YEAR	
Mailing Address 6021 Washington Ave	11	20	2016	\$ 168.80
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Reimbursement	

To Whom Paid U S Postal Service			MO	DAY	YEAR	\$ 15.87
Mailing Address 3000 Chestnut Street			10	27	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19104	Description of Expenditure Cycle 5 Report Mailing			

To Whom Paid Staples			MO	DAY	YEAR	\$ 95.35
Mailing Address 1305 Westchester Pike			11	2	2016	
City Havertown	State PA	Zip Code (Plus 4) 19083	Description of Expenditure Office Supplies (Ink)			

To Whom Paid U S Postal Service			MO	DAY	YEAR	\$ 130.00
Mailing Address 5011 Samson Street			11	2	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Mail Box Renewal Fee			

To Whom Paid Yeadon Democratic Party			MO	DAY	YEAR	\$ 300.00
Mailing Address 943 Church Lane			11	5	2016	
City Yeadon	State PA	Zip Code (Plus 4) 19050	Description of Expenditure Election Day Lunches			

To Whom Paid Tyrone Sims			MO	DAY	YEAR	\$ 125.00
Mailing Address 118 North Ruby Street			11	5	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Election Day Driver			

To Whom Paid PA Federation of Democratic Women			MO	DAY	YEAR	\$ 120.00
Mailing Address 2211 North Uber Street			11	11	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Honoring Program			

To Whom Paid Tamir Harper			MO	DAY	YEAR	
Mailing Address 6167 Grays Ave			11	11	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19142	Description of Expenditure Election Day Helper			

To Whom Paid Community of Compassion, CDC			MO	DAY	YEAR	
Mailing Address 6148 Cedar Ave			11	17	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Thanksgiving Turkey Drive			

To Whom Paid T D Bank			MO	DAY	YEAR	
Mailing Address 121 South Board Street			10	31	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Monthly Maintenance fee October 2016			

To Whom Paid T D Bank			MO	DAY	YEAR	
Mailing Address 121 South Board Street			10	31	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Paper Statement Fee October 2016			

To Whom Paid T D Bank			MO	DAY	YEAR	
Mailing Address 121 South Board Street			11	17	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Cashier Check Fee CK#60986882-2			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,658.02

