

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: | | | | | | | | | | | | |
| 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 2018 | 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 | 6 | 2018 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 10 | 23 | 2018 | | 11 | 26 | 2018 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 30,764.34 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 7,500.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 38,264.34 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 14,125.70 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 24,138.64 | | | | | | |
| 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>10/23/2018</u> To: <u>11/26/2018</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) | \$ 1,500.00 |
| All Other Contributions (Part B) | \$ 250.00 |
| TOTAL for the Reporting Period (2) | \$ 1,750.00 |

| | |
|---|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 5,750.00 |
| All Other Contributions (Part D) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 5,750.00 |

| | |
|--|---------|
| 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.) | \$ 7,500.00 |
|---|-------------|

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 MCCLINTON, JOANNA FRIENDS OF | Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u> | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table> | | DATE | AMOUNT |
| DATE | AMOUNT | | |

| | | | | | | | |
|---|-----------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributing Committee UROLOGIST FOR PATIENT'S ACCESS TO CARE PAC | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | | 10 | 23 | 2018 | |
| City | Camp Hill | State | Zip Code (Plus 4) | | | | |
| | | PA | 17001 | | | | |

| | | | | | | | |
|---|-----------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributing Committee PA TRUCK PAC | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | | 10 | 23 | 2018 | |
| City | CAMP HILL | State | Zip Code (Plus 4) | | | | |
| | | PA | 17011-6409 | | | | |

| | | | | | | | |
|--|------------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributing Committee Pennsylvania Emergency Physicians PAC | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | | 10 | 23 | 2018 | |
| City | Harrisburg | State | Zip Code (Plus 4) | | | | |
| | | PA | 17101 | | | | |

| | | | | | | | |
|---|-------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributing Committee Pennsylvania Society of Anesthesiologist | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | | 10 | 23 | 2018 | |
| City | Media | State | Zip Code (Plus 4) | | | | |
| | | PA | 19063 | | | | |

| | | | | | | | |
|--|------------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributing Committee MALADY & WOOTEN PAC | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | | 10 | 23 | 2018 | |
| City | HARRISBURG | State | Zip Code (Plus 4) | | | | |
| | | PA | 17101-0000 | | | | |

| | | | | | | | |
|---|------------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributing Committee CRISCI ASSOC PAC | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | | 10 | 23 | 2018 | |
| City | HARRISBURG | State | Zip Code (Plus 4) | | | | |
| | | PA | 171010000 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,500.00 |

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 |
| MCCLINTON, JOANNA FRIENDS OF | From: <u>10/23/2018</u> To: <u>11/26/2018</u> |

| DATE | | | | AMOUNT |
|---------------------------------|-----------------|--------------------------------|---|-----------|
| Full Name of Contributor | | | | |
| Sheilah D. Vance | | | | |
| Mailing Address | | | | |
| City Paoli | State PA | Zip Code (Plus 4) 19301 | MO 10 DAY 25 YEAR 2018 | \$ 250.00 |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 250.00 |

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>10/23/2018</u> To: <u>11/26/2018</u> |
|--|--|

| | | | | DATE | AMOUNT | |
|---|--------------|-------|----|------|--------|-------------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| CARPENTERS' LEG PROG OF GREATER PA | | | | | | |
| Mailing Address | | | | | | |
| City | PITTSBURGH | State | PA | 10 | 29 | 2018 |
| Zip Code (Plus 4) | | | | | | |
| 15205-0000 | | | | | | |
| | | | | | | \$ 1,000.00 |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| LOCAL 0690 PLUMBERS UNION POL ACTION FUND | | | | | | |
| Mailing Address | | | | | | |
| City | PHILADELPHIA | State | PA | 10 | 29 | 2018 |
| Zip Code (Plus 4) | | | | | | |
| 191540000 | | | | | | |
| | | | | | | \$ 2,500.00 |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| TROOPER ASSN PAC (TAP) | | | | | | |
| Mailing Address | | | | | | |
| City | HARRISBURG | State | PA | 10 | 29 | 2018 |
| Zip Code (Plus 4) | | | | | | |
| 17110-9439 | | | | | | |
| | | | | | | \$ 750.00 |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| PSCOA PAC | | | | | | |
| Mailing Address | | | | | | |
| City | HARRISBURG | State | PA | 10 | 29 | 2018 |
| Zip Code (Plus 4) | | | | | | |
| 17110 | | | | | | |
| | | | | | | \$ 500.00 |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR |
| LAWPAC | | | | | | |
| Mailing Address | | | | | | |
| City | Harrisburg | State | PA | 10 | 29 | 2018 |
| Zip Code (Plus 4) | | | | | | |
| 17101 | | | | | | |
| | | | | | | \$ 1,000.00 |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 5,750.00 |

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>10/23/2018</u> To: <u>11/26/2018</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 RECEIVED - 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: | |
| | | | | DATE | | AMOUNT | |
| 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>10/23/2018</u> To: <u>11/26/2018</u> |

| DATE | | | | AMOUNT |
|---|-----------------|--------------------------------|--|-------------|
| To Whom Paid | MO | DAY | YEAR | |
| Siddiq's Real Fruit Water Ice | | | | |
| Mailing Address | 11 | 16 | 2018 | \$ 250.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19143 | Description of Expenditure Community Feeding | |
| To Whom Paid | MO | DAY | YEAR | |
| Rickey Hill | | | | |
| Mailing Address | 11 | 14 | 2018 | \$ 1,611.90 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19151 | Description of Expenditure Veteran's Day Luncheon | |
| To Whom Paid | MO | DAY | YEAR | |
| Barristers Association of Philadelphia | | | | |
| Mailing Address | 11 | 14 | 2018 | \$ 200.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19103 | Description of Expenditure Turkey Drive | |
| To Whom Paid | MO | DAY | YEAR | |
| The Midnight Cry | | | | |
| Mailing Address | 11 | 14 | 2018 | \$ 200.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19143 | Description of Expenditure Donation | |
| To Whom Paid | MO | DAY | YEAR | |
| 3rd Democratic Ward Executive Committee | | | | |
| Mailing Address | 11 | 2 | 2018 | \$ 1,500.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19139 | Description of Expenditure Donation | |
| To Whom Paid | MO | DAY | YEAR | |
| Kristopher Phipps | | | | |
| Mailing Address | 11 | 2 | 2018 | \$ 200.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19107 | Description of Expenditure Election Day | |

| | | | | | | |
|--|----------|-------------------------|---|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 200.00 |
| Tyrone Sims | | | | | | |
| Mailing Address | | | 11 | 2 | 2018 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19143 | Description of Expenditure Election Day | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 1,500.00 |
| PA HDCC | | | | | | |
| Mailing Address | | | 11 | 2 | 2018 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Donation | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 250.00 |
| Catherine Garchinsky | | | | | | |
| Mailing Address | | | 11 | 2 | 2018 | |
| City Newtown Square | State PA | Zip Code (Plus 4) 19073 | Description of Expenditure Halloween Event Cobbs Creek Falls Festival | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 138.76 |
| Joanna McClinton | | | | | | |
| Mailing Address | | | 11 | 2 | 2018 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19143 | Description of Expenditure Reimbursement-Halloween Candy/Event | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 200.00 |
| Gregory R. Benjamin | | | | | | |
| Mailing Address | | | 11 | 2 | 2018 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19143 | Description of Expenditure 51st Ward Election Day | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 140.00 |
| U S Postal Service | | | | | | |
| Mailing Address | | | 10 | 29 | 2018 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19139 | Description of Expenditure Annual Fee Mailbox Rental | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 1,000.00 |
| Committee To Elect Pam Snyder | | | | | | |
| Mailing Address | | | 10 | 26 | 2018 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Donation | | | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 500.00 |
| Friends of Maureen Madden For State Representative | | | | | | |
| Mailing Address | | | 10 | 26 | 2018 | |
| City Stroudsburg | State PA | Zip Code (Plus 4) 18360 | Description of Expenditure Donation | | | |

| | | | | | | |
|--|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid Committee to Elect Eddie Day Pashinski | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 26 | 2018 | |
| City Glen Lyon | State PA | Zip Code (Plus 4) 18617 | Description of Expenditure Donation | | | |
| To Whom Paid Markosek Campaign | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 26 | 2018 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Donation | | | |
| To Whom Paid Friends of Mike Hanna | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 26 | 2018 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Donation | | | |
| To Whom Paid Friends of Betsy Monroe | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 26 | 2018 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15215 | Description of Expenditure Donation | | | |
| To Whom Paid Friends of Steve Toprani | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 26 | 2018 | |
| City Monongahela | State PA | Zip Code (Plus 4) 15063 | Description of Expenditure Donation | | | |
| To Whom Paid Knoll for PA | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 26 | 2018 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15143 | Description of Expenditure Donation | | | |
| To Whom Paid Bebashi | | | MO | DAY | YEAR | \$ 175.00 |
| Mailing Address | | | 10 | 25 | 2018 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19123 | Description of Expenditure Donation-Transition to Hope | | | |
| To Whom Paid Friends of Liz Hanbidge | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | 10 | 25 | 2018 | |
| City Ambler | State PA | Zip Code (Plus 4) 19002 | Description of Expenditure Donation | | | |

| | | | | | | |
|-------------------------------|--------------|-------|-------------------|-----|-------------------------------|-----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 500.00 |
| Citizens for Mullery | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | |
| City | Nanticoke | State | Zip Code (Plus 4) | | Description of Expenditure | |
| | | PA | 18634 | | Donation | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 250.00 |
| Frienfs of Joe Ciresi | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | |
| City | Royersford | State | Zip Code (Plus 4) | | Description of Expenditure | |
| | | PA | 19468 | | Donation | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 500.00 |
| Friends of Jennifer O'Mara | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | |
| City | Springfield | State | Zip Code (Plus 4) | | Description of Expenditure | |
| | | PA | 19064 | | Donation | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 500.00 |
| Elect Joe Hohenstein PAC | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | |
| City | Philadelphia | State | Zip Code (Plus 4) | | Description of Expenditure | |
| | | PA | 19106 | | Donation | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 500.00 |
| Friends of Melissa Shusterman | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | |
| City | Phoenixville | State | Zip Code (Plus 4) | | Description of Expenditure | |
| | | PA | 19460 | | Donation | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 500.00 |
| Friends of Dave Delloso | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | |
| City | Glenolden | State | Zip Code (Plus 4) | | Description of Expenditure | |
| | | PA | 19036 | | Donation | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 6.70 |
| U S Postal Service | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | |
| City | Philadelphia | State | Zip Code (Plus 4) | | Description of Expenditure | |
| | | PA | 19151 | | Postage Certified Mail | |
| To Whom Paid | | | MO | DAY | YEAR | \$ 10.96 |
| Campus Copy Center | | | | | | |
| Mailing Address | | | 10 | 25 | 2018 | |
| City | Philadelphia | State | Zip Code (Plus 4) | | Description of Expenditure | |
| | | PA | 19104 | | Copies of Election Reports C5 | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|--|
| To Whom Paid Staples | | | MO | DAY | YEAR | \$ 42.38 |
| Mailing Address | | | 10 | 25 | 2018 | |
| City Havertown | State PA | Zip Code (Plus 4) 19083 | Description of Expenditure Supplies ink | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 14,125.70 |

