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 20)150217			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST		
Name of Filing C	Committee, Can	didate or	Lobbyist:		MCC	CLIN	TON,	JOANNA	FRIEN	DS 0	F						
Street Address:	PO BOX 16	668															
City:	PHILADELP	HIA						State:	PA			Zip Cod	le: 19	9139-9	998		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT		Yes	No	Y	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- !	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPO	RT 7.	Year 2019					NG METHO CHECK OI				PAPER		\	DISKE	TTE	
Name of Office S	ought by Candi	idate:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Part	ty Code	County	,
	- ,							МО	DAY	YE	AR		10000	DEM		51	
								11		5	2019		(SEE IN	STRUCTIO	ONS FOR (ODES)	
Summary of Expenditures		МО	DAY	YEAR	2		_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			5 7	2	019	Т	0	6	:	10	2019						
A. Amount Bro	ught Forward F	rom Last	Report				\$			42,6	68.86						
B. Total Monet	ary Contribution	ns And Re	ceipts (Fron	n Sche	dule	1)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines	A and B)				\$			42,6	68.86						
D. Total Expen	ditures (From S	chedule I	II)				\$			8,8	323.18						
E. Ending Cash	Balance (Subti	act Line [From Line	C)			\$			33,8	45.68						
F. Value Of In-	Kind Contributi	ons Recei	ved (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule I\	/)			\$				0.00			1			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is	s a Committee i	eport, tre	asurer sign	here.	If thi	is is	a Can	ndidate re	port, c	andio	date sig	ın here.					Ц
I swear (or affirm) correct and comple		including th	ne attached so	hedule	s filed	d on	paper (or by electi	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	3,
Sworn to and subs	cribed before me day of	this	20							s	ignature	of Perso	n Submit	ting Rep	ort		
							- -					Prin	ted Name	e			-
My Commission Ex	-	ature										Ema	il				.
	мо		DAY	YR			_		Are	ea Cod	le	Daytim	e Telepi	none Nui	nber		•
Part II- If this is	a report of a c	andidate's	authorized	Comr	nitte	e, C	andida	ate shall :	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge and bel	ief this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	1
Sworn to and subsc	ribed before me t	his									Si	ignature o	of Candid	ate			۱.
	day of						-					Drinta	d Name				.
	Signatu						-										
My Commission Exp	_	-										Ema	il	_	_		
	мо	ı	DAY	YR	t .		•		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MCCLINTON, JOANNA FRIENDS OF	From:	<u>5/7/201</u>	<u>9</u> То:	6/10/2019
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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re					
		From: To:						
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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	e or Candidate		Reporting Period					
	F			From: T			Го:	
					DATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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.)

		-	orting Pe	To:			
		Fron	n:		То	:	
			D/	ATE		АМО	UNT
			МО	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus	s 4)					
			Occupation				
e of	City			State		Zip Code (Plus 4)
lule I, Detailed Su	ımmary Page,	Section	on 3.		4		E TOTAL 0.00
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Octobroad Octobro	State Zip Code (Plus 4) Occupation Occupation Olivy State State Output Date Occupation Output Output	DATE AMO MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Occupation PAG

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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	Section				\$	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>5/7/2019</u> To:	6/10/2019						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period	Y YEAR		
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period				
MCCLINTON, JOANNA FRIEND:	S OF		From		<u>7/2019</u>	То:	6/10/2019	
				DATE			AMOUNT	
To Whom Paid Philadelphia Ramadan & Eid Fu	ınd		МО	DAY	YEAR			
Mailing Address 4055 Ridge	Ave		5	31	2019	\$	500.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19129	Descrip Sponso	otion of Exp orship	penditure			
To Whom Paid John Graves Production	мо	DAY	YEAR					
Mailing Address 1214 South	Street		5	31	\$	125.00		
City Philadelphia	State PA	Zip Code (Plus 4) 19147	Description of Expenditure Inside Cover Ad					
To Whom Paid The Spirit Group		·	мо	DAY	YEAR			
Mailing Address P O Box 464	4		5	31	2019	\$	100.00	
City Glenolden	State PA	Zip Code (Plus 4) 19036	1	otion of Exp				
To Whom Paid Emerge PA			МО	DAY	YEAR			
Mailing Address P O Box 600	078		5	31	2019	\$	250.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Graduation Sponsorship					
To Whom Paid HDCC		•	МО	DAY	YEAR			
Mailing Address 205 State Street			5	31	2019	\$	5,000.00	
	State	Zip Code (Plus 4)	Description of Expenditure					

17101

PΑ

Donation

							//OL 12
To Whom Paid M F Strategies, LLC			мо	DAY	YEAR		
Mailing Address P O Box 439			5	25	2019	\$	1,965.50
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure		
Harrisburg	PA	17108		y Retainer			penses
To Whom Paid Joanna McClinton			МО	DAY	YEAR		
Mailing Address 6021 Washing	gton Ave		5	24	2019	\$	132.68
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp) nenditure	<u> </u>	
, Filliadelpilla	PA	19143		irsement,			/2019
To Whom Paid Renault N. Samuel			мо	DAY	YEAR		
Mailing Address 650 Marlyn Ro	oad		5 24 2019			\$	200.00
City Philadelphia	State	Zip Code (Plus 4)	Descrit	tion of Exp) Denditure	<u> </u>	
Timadelpina	PA	19151		y Day Staf			
To Whom Paid Fresh Start Program			мо	DAY	YEAR		
Mailing Address 808 Rader Av	e		5	24	2019	\$	250.00
City _{Yeadon}	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	•	
	PA	19050	11th ye	ear Award	Ceremon	У	
To Whom Paid Citizens for Tomeka Jones-Water	s		МО	DAY	YEAR		
Mailing Address 757 Bullock A	ve		5	20	2019	\$	100.00
City Yeadon	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	•	
	PA	19050	Donatio				
To Whom Paid	•	•	мо	DAY	YEAR		
Tyrone Sims							
Mailing Address 6030 Cobbs Creek Parkway			5	20	2019	\$	200.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	•	
· 	PA	19143	Primary Day Staffer/Driver 5/21/2019				019
							PAGE TOTAL
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item D				\$	8,823.18