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 201	.50217				port ed B		CANDI	DATE		СОМ	4ITTEE	✓ [LOBE	SYIST		
Name of Filing C	ommittee, Cand	date or L	obbyist:		FRII	END	S OF	JOANNA	MCCLI	NTON	J		_				
Street Address:	6021 WASH	INGTON	AVE														
City:	PHILADELPH	IA						State:	PA			Zip Cod	ie: 19	143			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2. X	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	' PRE	-	5.	30 DA ELECT		POST- 6.			TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPOR	T 7.	Year 2019					NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candid	ate:						DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	191	STH	DEM	1	•	
REPRESENTATI	REPRESENTATIVE IN THE GENERAL ASSEMBLY									5	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES))
Summary of Expenditures	Receipts and	МО	DAY	YEAR	}			МО	DAY	YE	AR	FO	R OFFIC	CE USE	ONLY		
Expenditures	; trom:		4 2	20	019	T	0	5		6	2019						
A. Amount Bro	ught Forward Fro	om Last R	eport				\$			40,4	66.10						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			7,0	25.00						
C. Total Funds	Available (Sum ()f Lines A	and B)				\$		47,491.10								
D. Total Expend	ditures (From Sc	hedule II	I)				\$			4,8	22.24						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	:)			\$			42,6	68.86]					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sc	hedu	le II	I)	\$			_	0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV))			\$				0.00						
				AFF	IDA	AVI	T SE	CTION									
PART I - If this is		• ,	-														
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	attached sch	edules	s file	ed on	paper (or by elect	ronic m	edium,	, are to t	he best o	f my knov	wledge a	and belie	ef , tru	ue.
Sworn to and subs	cribed before me the day of	ıis	20							s	ignature	of Perso	n Submitt	ing Rep	ort		
	Signa	ture		_			-					Prin	ted Name	•			_
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	е	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowle	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me thi day of	s	20								s	ignature o	of Candida	ate			-
			-				-					Printe	d Name				-
My Commission Exp	Signature	•					-					Ema	il				-
			AY	YR	,		•		Area	Code		D:	aytime To	elephon	e Numbe	er	-
	0	U	AT	TK					Aica	Couc			ayanne i	cicpiion	e italiib		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period						
FRIENDS OF JOANNA MCCLINTON	FRIENDS OF JOANNA MCCLINTON From: 4/2/							
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting) Period	(1)	\$	175.00				
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)								
Contributions Received From Political Committees (Part A)			\$	250.00				
All Other Contributions (Part B)			\$	1,600.00				
TOTAL for the Reporting	Period	(2)	\$	1,850.00				
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	4,000.00				
All Other Contributions (Part D)			\$	1,000.00				
TOTAL for the Reporting	Period	(3)	\$	5,000.00				
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	7,025.00				

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 Pe	eriod		
FRIENDS OF JOANNA MCCLINTON	From:	4/2/2019	То:	5/6/2019

DATE AMOUNT

Full Name of Contributing Committee HEALTH PARTNERS PLANS PAC	МО	DAY	YEAR			
Mailing Address 901 MARKET ST STE 500			5	1	2019	\$ 250.00
City PHILADELPHIA		Zip Code (Plus 4) 191074496)	1	2019	

PAGE TOTAL 250.00

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

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 P	eriod		
FRIENDS OF JOANNA MCCLI	INTON		From:	4/2/	2019 T o	5/6/2019
				DATE		AMOUNT
Full Name of Contributor			мо	DAY	YEAR	
MIRA BAYLSON						
Mailing Address 4120 APAI	LOGEN RD					\$ 250.00
City PHILADELPHIA	State	Zip Code (Plus 4)	4	3	2019	
	PA	191295504				
Full Name of Contributor JESSICA COCKRELL			мо	DAY	YEAR	
Mailing Address 233 DOUG	GLAS ST NE					\$ 250.00
City WASHINGTON	State	Zip Code (Plus 4)	4	3	2019	
	DC	200021031				
Full Name of Contributor	-		мо	DAY	YEAR	
HOWARD FISCHER			MO	DAT	TEAR	
Mailing Address 1420 LOC	UST ST APT 22K					\$ 100.00
City PHILADELPHIA	State	Zip Code (Plus 4)	5	3	2019	
	PA	191024213				
Full Name of Contributor			мо	DAY	YEAR	
KRISTIN GIVENS			1.0		12/11	
Mailing Address 305 W MO	NROE ST APT 1					\$ 100.00
City BLOOMINGTON	State	Zip Code (Plus 4)	4	9	2019	
	IL	617014444				
Full Name of Contributor DAVID L HYMAN			МО	DAY	YEAR	
Mailing Address 1650 MAR	KET ST FL 46					\$ 250.00
City PHILADELPHIA	State	Zip Code (Plus 4)	4	3	2019	
	PA	191037305				
Full Name of Contributor		·	140	Day	VEAD	
CHARLES D. LOMAX			МО	DAY	YEAR	
Mailing Address 700 DUBL	IN ROAD					\$ 250.00
City HILLTOWN	State	Zip Code (Plus 4)	4	15	2019	
	PA	18927				

Full Name of Contributor BERNARD SMALLEY				DAY	YEAR	
Mailing Address 1845 WALNUT ST STE 2000						\$ 250.00
City PHILADELPHIA	State	Zip Code (Plus 4)	4	3	2019	
	PA	191034720				
Full Name of Contributor						
i un manic or contributor		ROBERT VOGEL		I DAV	I VFAR	
			МО	DAY	YEAR	
ROBERT VOGEL	EN ST APT 1		МО	DAY	YEAR	\$ 150.00
ROBERT VOGEL	EN ST APT 1 State	Zip Code (Plus 4)	MO 4	DAY 3		\$ 150.00

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

PAGE TOTAL \$ 1,600.00

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 Report				g Period			
FRIENDS OF JOANNA MCCLINTON			From:	<u>4</u> ,	/2/2019	То:	<u>5/6/2019</u>
				DA	ATE		AMOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	
AFSCME COUNCIL 13							\$ 1,000.00
Mailing Address 4031 EXECUTIVE P.	ARK DR			5	1	2019	
City HARRISBURG	State	Zip Cod	e (Plus 4)				
	PA	171111	.507				
Full Name of Contributing Committee				мо	DAY	YEAR	
COALITION FOR PENNSYLVANIA'S FUT	URE			1-10		IZAK	\$ 500.00
Mailing Address PO BOX 12090				5	1	2019	
City HARRISBURG	State	Zip Cod	e (Plus 4)		_	2013	
	PA	171082	.090				
Full Name of Contributing Committee	•	•					
ENERGY TRANSFER PAC				МО	DAY	YEAR	\$ 500.00
Mailing Address 400 W 15TH ST ST	E 720			5	1	2019	300.00
City AUSTIN	State	Zip Cod	e (Plus 4)		1	2019	
	TX	787011	661				
Full Name of Contributing Committee	•					\	
PA AUTOMOTIVE ASSOCIATION PAC (PAA)			МО	DAY	YEAR	\$ 1,000.00
Mailing Address 1925 N FRONT ST				_		2010	1,000.00
City HARRISBURG	State	Zip Cod	e (Plus 4)	5	1	2019	
	PA	171022	214				
Full Name of Contributing Committee	<u> </u>						
PA MEDICAL SOCIETY PAC				МО	DAY	YEAR	.
Mailing Address PO BOX 8820				_			\$ 500.00
City HARRISBURG	State	Zip Cod	e (Plus 4)	5	1	2019	
	PA	171058					
Full Name of Contributing Committee	1			•		i i	<u> </u>
VISION COMMITTEE				МО	DAY	YEAR	
Mailing Address 2205 STRAWBERRY	SQ			_		2015	\$ 500.00
City HARRISBURG	State	Zip Cod	e (Plus 4)	5	1	2019	
	PA	1	-	1	1	1	I

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

PAGE TOTAL

\$ 4,000.00

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.)

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF JOANNA MCCLINTON			Fror	m:	<u>4/2/2</u>	<u>019</u> To	5/6/2019	
				D/	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		500.00
DUANE MORRIS GOVERNMENT AFFAIRS	S, LLP			140	DAI	ILAK	\$	500.00
Mailing Address 300 N 2ND ST PH	_			5	1	2019		
City HARRISBURG	State	Zip Code (Plu	s 4)		_			
	PA I	171011303					1	
Employer Name				Occupat	ion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	(Plus 4)
300 N 2ND ST PH		HARRISB	URG		PA		1710113	03
Full Name of Contributor				мо	DAY	YEAR	\$	500.00
MUSTAFA RASHED							」 [↑]	300.00
Mailing Address 200 S BROAD ST S	TE 850			4	3	2019	1	
City PHILADELPHIA	State	Zip Code (Plu	s 4)					
	PA I	191023823				l	l	
Employer Name BELLVUE STRATEGIES				Occupat	ion	PRESID	ENT AND (CEO
Employer Mailing Address/Principal Place	e of Business	City			State		Zip Code	(Plus 4)
200 S BROAD STSTE 850		PHILADEI	PHIA		PA		1910238	23
Enter Grand Total of Part C on Scheo	lule T. Detailed Su	mmary Page	Section	nn 3			PAC	GE TOTAL
Enter Grand Total of Fart Coll Schee	iaic 1, Detailed Su	ilililai y Fage	, Section	J.I. J.			•	1,000.00

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	ing Peri	od			
			From:			To:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	•			•	•	•	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	Summer Base S	! !	4				PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	Summary Page, Se	ection	4.			\$	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	l	
FRIENDS OF JOANNA MCCLINTON	From:	<u>4/2/2019</u> To:	<u>5/6/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Car	Name of Filing Committee or Candidate				Reporting Period				
	From:	:							
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•		•			
					-				
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			ailed Summary Page,			e, PAGE TOTAL		
Section 2.						\$	(0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Period				
				Fro	m:		To:			
						DATE			AMOUNT	-
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	iptio	on of Contribut	ion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE TO	TAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
FRIENDS OF JOANNA MCCLINTON	From	4/2/2019	То:	<u>5/6/2019</u>

		<u>'</u>		DATE			AMOUNT
To Whom Paid				DAY	VEAD		
ACTBLUE			МО	DAY	YEAR		
Mailing Address PO BOX 441146		4	1	2019	\$	26.63	
City WEST SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	MA	021440031	CREDIT	CARD PRO	CESSING	G FEE	
To Whom Paid ACTBLUE			мо	DAY	YEAR		
Mailing Address PO BOX 441146			5	1	2019	\$	18.38
City WEST SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	MA	021440031	CREDIT	CARD PRO	CESSING	G FEE	
To Whom Paid CITIZENS FOR OMAR SABIR			МО	DAY	YEAR		
Mailing Address 7300 CITY AVE STE	360		4	26	2019	\$	500.00
City PHILADELPHIA State Zip Code (Plus 4)		Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191512218					
To Whom Paid DARBY BOROUGH DEMOCRATIC COMMITTEE		МО	DAY	YEAR			
Mailing Address 25 SOUTHRIDGE RD		5	4	2019	\$	500.00	
City DARBY	State	Zip Code (Plus 4)) Description of Expenditure				
	PA	190231113					
To Whom Paid DELTA SIGMA THETA SORORITY, INC.		мо	DAY	YEAR			
Mailing Address PO BOX 1930		5	4	2019	\$	250.00	
City BOOTHWYN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	190617930					
To Whom Paid EAST COAST BLACK AGE OF COMIC CONVENTION		мо	DAY	YEAR			
Mailing Address PO BOX 34059		5	4	2019	\$	500.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	191014059					

						P	AGE 14
To Whom Paid FRIENDS OF ROHAN HEPKINS			МО	DAY	YEAR		
Mailing Address PO BOX 5504		5	4	2019	\$	100.00	
City YEADON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
	PA	190509504					
To Whom Paid			мо	DAY	YEAR		
PAULINE LLOYD			140	JA.	ILAK		
Mailing Address 6063 KINGSESSING AVE			5	4	2019	\$	100.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191421431	DONAT	ION FOR K	INGSESS	ING PAR	K
To Whom Paid JOANNA MCCLINTON			мо	DAY	YEAR		
Mailing Address 6021 WA	SHINGTON AVE		5	4	2019	\$	182.99
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191432321					
To Whom Paid			мо	DAY	YEAR		
MFSTRATEGIES, LLC							
Mailing Address PO BOX 439		4	25	2019	\$	2,349.24	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	171080439	CONSULTING AND REIMBURSEMENTS				
To Whom Paid RICK LOWE FOR DELAWARE	: COUNTY		МО	DAY	YEAR		
Mailing Address 205 N EDGMONT ST			4	26	2019	\$	250.00
City MEDIA	State	Zip Code (Plus 4)	Description of Expenditure				
City MEDIA	PA	190633015	Descrip	tion of Exp	enaitare		
To Whom Paid	11/	130033013					
VFW DISTRICT 7			МО	DAY	YEAR		
Mailing Address 137 N 10TH ST		4	26	2019	\$	45.00	
City DARBY State Zip Code (Plus 4)		Description of Expenditure					
•	PA	190231608		•			
	•	•	•				PAGE TOTAL
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D	٠.			\$	4,822.24
						l .	.,022.21