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	20150)217			Rep File			CAI	NDII	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	committee,	, Candida	ite or Lo	obbyist:		MCC	LIN	TON,	JOAN	INA	FRIEN	DS ()F						
Street Address:	РО ВС	X 16668	3																
City:	PHILA -	DELPHIA							State	e:	PA			Zip Code: 19139-9998					
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDA PRIMARY	AY PRE	- 2		30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	١	lo	/
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDA ELECTION		- 5	. X	30 DA		Р	OST-	6.		TERMINA REPORT?	١	lo	\		
report type)	ANNUAL I	REPORT	7.	Year 2019)				NG ME CHEC					PAPER		\	DISK	ETTE	
Name of Office S	- Sought by	Candidat	e:						DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Cod	e Coui	
									МО		DAY	Υ	EAR			DE	М		
										11		5	2019		(SEE IN	STRUCT	ONS FO	R CODES	5)
Summary of		and	МО	DAY	YEAR	1			МО		DAY	Y	EAR	FO	R OFFI	E USE	ONL	f	
Expenditures	from:			9 17	7 2	019	T	0		10	7	21	2019						
A. Amount Bro	ught Forw	ard From	Last R	eport		·		\$				51,	595.49						
B. Total Moneta	ary Contril	outions A	nd Rec	eipts (Fro	m Sche	dule	I)	\$					75.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				51,	670.49						
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$				3,	316.08						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				48,3	354.41						
F. Value Of In-	Kind Conti	ibutions	Receive	ed (From S	Schedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obli	igations ((From S	chedule I	V)			\$					0.00			'			
					AFF	IDA	VI	ΓSE	CTIC	N									
PART I - If this is	s a Commi	ttee repo	rt, trea	surer sign	here.	[f this	s is	a Car	ndidat	e re	port, c	andi	idate sig	ın here.					
I swear (or affirm) correct and comple		eport, inclu	iding the	attached s	chedules	filed	on	paper	or by e	electr	onic m	ediun	ı, are to t	he best o	f my knov	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before day of	re me this		20								;	Signature	of Perso	n Submitt	ing Re	port		
		Signatur						-						Prin	ted Name)			_
My Commission Ex	cpires	0.5	-							-				Emai	il				-
	<u> </u>	10	D#	ΑY	YR			_			Are	ea Co	de	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report o	of a cand	idate's	authorized	Comn	nittee	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	lief this	politi	cal	comm	ittee h	as no	ot viola	ted aı	ny provisi	ions of the	e act of J	une 3,1	.937 (P	.L. 133	3,
Sworn to and subsc		me this											Si	ignature o	of Candida	ate			-
	day of —— –							-						Printo	d Name				_
	Si	gnature						-		_						_		_	_
My Commission Exp														Ema	il				
	_	мо	DA	AY	YR			•			Area	Code		Da	ytime T	elepho	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MCCLINTON, JOANNA FRIENDS OF	From:	<u>9/17/201</u>	<u>9</u> To:	10/21/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	75.00
TOTAL for the Reporting	g Period	(2)	\$	75.00
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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	75.00

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	Name of Filing Committee or Candidate					Reporting Period					
			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 or Candidate

Reporting Period

MCCLINTON, JOANNA FRIENDS OF

From: 9/17/2019 To:

DATE

10/21/2019

AMOUNT

Full Name of Contributor Rochelle Marshall	МО	DAY	YEAR			
Mailing Address 127 Hirst Ave						\$ 75.00
City E. Lansdowne	State PA	Zip Code (Plus 4) 19050	9	19	2019	

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

PAGE TOTAL \$ 75.00

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				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.)

Name of Filing Committee or Candidate		Repo	orting Pe	riod						
		From:					То:			
				D	ATE		A	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	PAGE TOTAL		
							\$	0.00		

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Perio	d	
MCCLINTON, JOANNA FRIENDS OF	From:	<u>9/17/2019</u> To:	<u>10/21/2019</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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or 0	Candidate		Reporti	ng Period					
MCCLINTON, JOANNA FRIENI	OS OF		From	<u>9/17</u>	7/2019	То:	10/21/2019		
			DATE AMOUNT						
To Whom Paid MFStrategies, LLC			МО	DAY	YEAR				
Mailing Address P O Box 439				20	2019	\$	2,566.08		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı			
	PA	17108	Monthl 8/16/2	y Retainer 019	& Reimb	ursable e	xpenses		
To Whom Paid NGP VAN, INC			МО	DAY	YEAR				
Mailing Address P O Box 39	92264		10	1	2019	\$	750.00		
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure				
PA 15251				October-D	ecember	2019, In	voice#208638		
			_				PAGE TOTAL		
Enter Grand Total of Expen	iditures on Page 1, Re	eport Cover Page, Item I	D.						

3,316.08