Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20150217 Number :						eport led B		CANDI	DATE			LOBBYIST LOBBYIST			SYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		МС	CLIN	TON,	JOANNA	FRIEN	DS C	F					
Street Address:																
City:	PHILADELPH:	IA						State:	PA		Zip Code: 19139-9998			998		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	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				TERMINATION REPORT?		Yes	No	\	
report type)	ANNUAL REPORT	7. X	Year 2019					IG METHO				PAPER	DISKE	TTE		
Name of Office S	Sought by Candida	ate:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	rumber	code	DEM	1	51
								11		5	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		11 26	2	019	T	0	12		31	2019					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			64,8	301.80					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dul	e I)	\$			5,3	350.00					
C. Total Funds Available (Sum Of Lines A and B)						\$			70,1	151.80						
D. Total Expend	ditures (From Scl	nedule II	I)				\$			16,1	75.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	:)			\$			53,9	76.80					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	Ί)	\$				0.00					
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV))			\$				0.00			•		
				AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere.	If th	his is	a Can	didate re	eport, c	andi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e 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 , true
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signat	ure					-					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a car	didate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subso	ribed before me this	i	20								Si	ignature o	of Candid	ate		
	day of		_ 20				-					Printe	d Name			
	Signature						-					Ema	il			
My Commission Exp	oires															
	МО	D	AY	YR	1		-		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
MCCLINTON, JOANNA FRIENDS OF	From:	11/26/20	<u>19</u> To:	12/31/2019				
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)			\$	600.00				
All Other Contributions (Part B)			\$	250.00				
TOTAL for the Reporting) Period	(2)	\$	850.00				
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	4,500.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting) Period	(3)	\$	4,500.00				
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			\$	5,350.00				

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.

Nam	me of Filing Committee or Candidate			Re	porting F	Period		
MCC	CLINTON, JOANNA FRIENDS OF			Fro	om:	11/26/20) <u>19</u> To:	12/31/2019
						DATE		AMOUNT
Full N	ame of Contributing Committee O PAC				мо	DAY	YEAR	
Mailin City	g Address PITTSBURGH	State PA	Zip Code (Plus 4 15222-1102	4)	11	27	2019	\$ 250.00
				_				
	ame of Contributing Committee urgh Fire Fighters Local#1				МО	DAY	YEAR	
Pittsb	_	State PA	Zip Code (Plus 4	4)	MO 12	DAY 3		\$ 250.00
Pittsb Mailin City Full N Team:	urgh Fire Fighters Local#1 g Address			4)				\$ 250.00

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

PAGE TOTAL 600.00

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: <u>11/26/2019</u> To:

DATE

12/31/2019

AMOUNT

Full Name of Contributor Charles Chirdon			МО	DAY	YEAR	
Mailing Address						\$ 250.00
City Glenshaw	State	Zip Code (Plus 4)	12	2	2019	
	PA	15116				

PAGE TOTAL

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

\$ 250.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Name of Filing Committee or Candidate

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Reporting Period

MCCL:	INTON, JOANNA FRIENDS OF			From:	11/2	<u> 16/2019</u>	То:	12/3	<u>1/2019</u>
					DA	TE		АМС	UNT
Full N	ame of Contributing Committee				мо	DAY	YEAR		
Block	By Block PAC							\$	500.00
Mailin	g Address		_		12	31	2019		
City	Washington	State	Zip Code	e (Plus 4)					
		DC	20003						
Full N	ame of Contributing Committee	-	-		МО	DAY	YEAR		
SEIU	HEALTHCARE PA COPE				MO	DAT	TEAK	 	1,000.00
Mailin	g Address				12	10	2019		1,000100
City	HARRISBURG	State	Zip Code	e (Plus 4)	1 12	10	2019		
		PA	17102						
Full N	ame of Contributing Committee		•						
MALA	DY & WOOTEN PAC				МО	DAY	YEAR	 	1,000.00
Mailin	g Address				12	31	2019	*	1,000.00
City	HARRISBURG	State	Zip Code	e (Plus 4)	12	31	2019		
		PA	17101-	0000					
Full N	ame of Contributing Committee				мо	DAY	YEAR		
LEADE	ERSHIP 215				MO	DAT	TEAR	 	1,000.00
Mailin	g Address				12	18	2019]	2/000.00
City	PHILADELPHIA	State	Zip Code	e (Plus 4)	1 12	10	2019		
		PA	19146						
Full N	ame of Contributing Committee	•	•		, wa	Day	VEAD		
WEST	ERN PENNSYLVANIA GROWTH PAG	C			МО	DAY	YEAR	 	500.00
Mailin	g Address				12	3	2019	'	300.00
City	PITTSBURGH	State	Zip Code	e (Plus 4)	12		2013		
		PA	15243						
Full N	ame of Contributing Committee				МО	DAY	YEAR		
PHA F	IOME PAC				MO	DAT	TEAK	 	500.00
Mailin	g Address				12	31	2019]	300.00
City	LEMOYNE	State	Zip Code	e (Plus 4)]]	2013		
		PA	17043						
		!	1		•	•	·	<u> </u>	

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

PAGE TOTAL \$ 4,500.00

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				Rep	orting Pe	riod					
				Fror	m:			To:			
					D	ATE			Α	MOUNT	
Full Name of Contributor					МО	DAY	YEA	ıR	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	s 4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	ce of Business		City		•	State		7	Zip Cod	de (Plus 4	•)
Enter Grand Total of Part C on Sche	dule I, Detailed Si	umm	ary Page,	Section	on 3.				F	PAGE TOT	AL
								\$			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 Candidate		Report	ing Peri	od			
			From:			To:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	•	•			1		<u> </u>	
Futor Count Total of Doub	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	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 Peri	od						
MCCLINTON, JOANNA FRIENDS OF	From:	<u>11/26/2019</u> To:	<u>12/31/2019</u>					
. 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

ame of Filing Committee or Candidate			Reporting Period					
			From:			To:		
				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 Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	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	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
MCCLINTON, JOANNA FRIENDS OF	From	11/26/2019	То:	<u>12/31/2019</u>	

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
NGP VAN			МО	DAI	ILAK		
Mailing Address			12	31	2019	\$	750.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	DC	20005	DLCC2	First Quar	ter		
To Whom Paid			МО	DAY	YEAR		
M F Strategies			1-10		ILAK		
Mailing Address			12	20	2019	\$	1,500.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17108	Monthly	Retainer/	Decemb	er 2019	
To Whom Paid			МО	DAY	YEAR		
Nina For PA							
Mailing Address				30	2019	\$	250.00
City Philadelphia State Zip Code (Plus 4)				tion of Exp	enditure	•	
	PA	19107	Donatio	n			
To Whom Paid			МО	DAY	YEAR		
PA HDCC			1-10		ILAK		
Mailing Address			12	30	2019	\$	10,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17108	Donatio	n			
To Whom Paid			МО	DAY	YEAR		
Reed Smith, LLP			PIO		ILAK		
Mailing Address			12	17	2019	\$	471.25
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15222	Fundrai	ser 12/03/	2019		
To Whom Paid			МО	DAY	YEAR		
Eat'nPark			МО	DAI	ILAK		
Mailing Address			12	12	2019	\$	703.75
City Homestead State Zip Code (Plus 4)		Descrip	tion of Exp	enditure			
PA 15120			Fundraiser 12/03/2019				

To Whom Paid Rickey Hill Mailing Address				МО	DAY	YEAR		
				12	17	2019	\$	2,500.00
City	PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure Catering/Seniors Holiday Event				
		PA	19151				vent	
								PAGE TOTAL
Ente	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						1	
							\$	16,175.00
		- 1	. 				\$	16,175.00
							\$	16,175.00
							\$	16,175.00
							\$	16,175.00
							\$	16,175.00