

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: PO BOX 16668											
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.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2019	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
					MO	DAY	YEAR	DEM 51			
					11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		11	26	2019		12	31	2019			
A. Amount Brought Forward From Last Report					\$ 64,801.80						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 5,350.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 70,151.80						
D. Total Expenditures (From Schedule III)					\$ 16,175.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 53,976.80						
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>11/26/2019</u> To: <u>12/31/2019</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 5,350.00
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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>11/26/2019</u> To: <u>12/31/2019</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 SALVO PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 320 FORT DUQUESNE BOULEVARD GATEWAY TOWER STE 140			11	27	2019	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222-1102				

Full Name of Contributing Committee Pittsburgh Fire Fighters Local#1			MO	DAY	YEAR	\$ 250.00
Mailing Address 120 Flowers Ave			12	3	2019	
City Pittsburgh	State PA	Zip Code (Plus 4) 15207				

Full Name of Contributing Committee Teamsters Local Union 249			MO	DAY	YEAR	\$ 100.00
Mailing Address 4701 Butler Street			11	27	2019	
City Pittsburgh	State PA	Zip Code (Plus 4) 15201				

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

PAGE TOTAL
\$ 600.00

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>11/26/2019</u> To: <u>12/31/2019</u>

				DATE			AMOUNT		
Full Name of Contributor					MO	DAY	YEAR	\$	250.00
Charles Chirdon									
Mailing Address					12	2	2019		
1005 Glenshaw Ave									
City		State		Zip Code (Plus 4)					
Glenshaw		PA		15116					

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>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee Block By Block PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 611 Pennsylvania Ave SE #143				12	31	2019	
City Washington	State DC	Zip Code (Plus 4) 20003					
Full Name of Contributing Committee SEIU HEALTHCARE PA COPE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1500 N 2ND ST, STE 12				12	10	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee MALADY & WOOTEN PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 604 N THIRD ST				12	31	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-0000					
Full Name of Contributing Committee LEADERSHIP 215				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 32097				12	18	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19146					
Full Name of Contributing Committee WESTERN PENNSYLVANIA GROWTH PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 13445				12	3	2019	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15243					

Full Name of Contributing Committee			MO	DAY	YEAR	\$500.00
PHA HOME PAC						
Mailing Address			12	31	2019	
600 N 12TH ST, STE 200						
City	LEMOYNE	State				
		PA				
		Zip Code (Plus 4)				
		17043				

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

PAGE TOTAL	
\$	4,500.00

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:
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			DATE	AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
<div style="display: flex; justify-content: space-between;"> City State Zip Code (Plus 4) </div>				
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>11/26/2019</u> To: <u>12/31/2019</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:
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			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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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>11/26/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT
To Whom Paid NGP VAN	MO	DAY	YEAR	
Mailing Address 1445 New York Ave NW Ste 200	12	31	2019	\$ 750.00
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure DLCC2 First Quarter	
To Whom Paid M F Strategies	MO	DAY	YEAR	
Mailing Address P O Box 439	12	20	2019	\$ 1,500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Monthly Retainer/ December 2019	
To Whom Paid Nina For PA	MO	DAY	YEAR	
Mailing Address P O Box 40681	12	30	2019	\$ 250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Donation	
To Whom Paid PA HDCC	MO	DAY	YEAR	
Mailing Address P O Box 555	12	30	2019	\$ 10,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Donation	
To Whom Paid Reed Smith, LLP	MO	DAY	YEAR	
Mailing Address 225 5th Ave	12	17	2019	\$ 471.25
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Fundraiser 12/03/2019	

To Whom Paid Eat'nPark			MO	DAY	YEAR	
Mailing Address 285 East Waterfront Drive Ste 200			12	12	2019	
City Homestead	State PA	Zip Code (Plus 4) 15120	Description of Expenditure Fundraiser 12/03/2019			
To Whom Paid Rickey Hill			MO	DAY	YEAR	
Mailing Address 1409 North Redfield			12	17	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19151	Description of Expenditure Catering/Seniors Holiday Event			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 16,175.00

