Campaign Finance Report

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

| | | | | | - | Dener | | CANDI | DATE | СОМ | MITTEE | | LOB | BYIST | <u> </u> | | |
|---|---|------------|-------------|-----------------------|---------|------------------|--------------|---------------------------|---|------------------------------------|----------------------------|--------------|---------|---------|------------|--|--|
| Filer Identificat Number : | tion | 20150 |)217 | | | Repor Filed I | | ••••• | | | | Ŷ | - | - | | | |
| Name of Filing | Committee, C | Candida | ate or Lo | obbyist: | | MCCLIN | NTON | , JOANNA | FRIEND | DS OF | | | | | | | |
| Street Address | Street Address: | | | | | | | | | | | | | | | | |
| City: | PHILAD | ELPHIA | N N | | | | | State: | : PA Zip Code: 19139-9998 | | | | | | | | |
| TYPE OF REPORT | 6TH TUESDA PRE-PRIMAR | | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 D PRIN | DAY F MARY | POST- | 3. | AMENDI REPORT | | Yes | No | D ¥ | | |
| (place X to the right of | 6TH TUESDA PRE-ELECTIO | | 4. | 2ND FRIDA ELECTION | Y PRI | E- 5. | | 0 DAY POST- 6. LECTION | | | TERMINATION Yes REPORT? | | | No | ° ▼ | | |
| report type) | ANNUAL RE | PORT | 7. X | Year 2020 | | | | ING METHO CHECK O | | PAPER | | \checkmark | DISKI | ETTE | | | |
| Name of Office | ⊥ Sought by Ca | ndidat | e: | | | | | DATE O | F ELEC | TION | District Number | | Par | ty Code | County | | |
| | | | | | | | мо | DAY | YEAR | 191 | STH | DEM | 1 | 51 | | | |
| REPRESENTAT | IVE IN THE | GENER | AL ASS | EMBLY | | | | 11 | | 3 2020 | , | (SEE INS | STRUCTI | ONS FOR | CODES) | | |
| Summary of | | nd | мо | DAY | YEAF | 2 | | мо | DAY | YEAR | F | OR OFFIC | E USE | ONLY | | | |
| Expenditure | s from: | | 1 | 1 24 | 2 | .020 T | Ο | 12 | 3 | 1 2020 |) | | | | | | |
| A. Amount Bro | ought Forwar | d From | Last R | eport | | - | 9 | \$ | 7 | 20,132.40 | | | | | | | |
| B. Total Mone | tary Contribu | itions A | and Reco | eipts (Fron | 1 Sche | dule I) | 9 | \$ | | 8,100.00 | | | | | | | |
| C. Total Funds | C. Total Funds Available (Sum Of Lines A and B) | | | | | | 9 | \$ | | 28,232.40 | | | | | | | |
| D. Total Exper | nditures (Fro | m Sche | dule II | [) | | | 9 | \$ | | 1,789.90 | | | | | | | |
| E. Ending Casl | h Balance (Su | ubtract | Line D | From Line | C) | | | \$ | | 26,442.50 | - | | | | | | |
| F. Value Of In | -Kind Contrib | outions | Receive | ed (From S | chedu | le II) | | \$ | | 0.00 | - | | | | | | |
| G. Unpaid Deb | ots And Oblig | ations | (From S | chedule IV | () | | 9 | \$ | | 0.00 | | · | | | | | |
| | | | | | AFF | IDAVI | T SI | ECTION | | | | | | | | | |
| PART I - If this | | | | - | | | | | | | - | | | | | | |
| I swear (or affirm correct and comp | | ort, incli | iding the | attached sc | hedule | s filed on | pape | r or by elect | ronic me | dium, are to | the best o | of my knov | vledge | and bel | ief , true | | |
| Sworn to and sub | scribed before day of | me this | | 20 | | | | | | Signatur | e of Perso | on Submitt | ing Rep | port | | | |
| | | Signatur | A | | | | _ | | | | Prir | nted Name | | | | | |
| My Commission E | | Jignatur | - | | | | | | | | Ema | ail | | | | | |
| | мо | I | D/ | AY | YR | | | | Area | a Code | Daytin | ne Teleph | one Nu | mber | | | |
| Part II- If this is | s a report of | a cand | idate's | authorized | Comm | nittee, C | Candi | date shall | sign he | re. | | | | | | | |
| I swear (or affirm No 320) as amend | | est of m | y knowle | edge and beli | ef this | opolitical | com | nittee has n | ot violate | ed any provi | sions of th | ne act of Ju | ine 3,1 | 937 (P. | L. 1333, | | |
| Sworn to and subscribed before me this Signature of Aay of 20 | | | | | | | | of Candida | ite | | | | | | | | |
| | | | | | | Printed Name | | | | | | | | | | | |
| My Commission Ex | - | nature | | | | | - | | | | Ema | ail | | | | | |
| | | | | | | | _ | | | | | | | | | | |
| | I | мо | 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>11/24/2020</u> **To:** 12/31/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 100.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 100.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 8,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 8,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 8,100.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Period | | | | | | |
|--|--------------------|--------------------------------|----|-----------------------------|-----|------|----|-------------------|--|--|
| MCCLINTON, JOANNA FRIENDS OF | | | | From: <u>11/24/2020</u> To: | | | | <u>12/31/2020</u> | | |
| | DATE AMOUNT | | | | | | | | | |
| Full Name of Contributing Committee PA Federation Of Democratic Won | | | | МО | DAY | YEAR | | 100.00 | | |
| Mailing Address City GreenField TWP | State PA | Zip Code (Plus 18407 | 4) | 11 | 25 | 2020 | \$ | 100.00 | | |
| Enter Grand Total of Part A on S | \$ | PAGE TOTAL 100.00 | | | | | | | | |

| 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 | | | | | |
| | | | From: To | | | D: | | | | |
| | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Mailing Address | _ | _ | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 |) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part A on | \$ | 0.00 | | | | | | | | |

PAGE 5

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 | Name of Filing Committee or Candidate Rep | | | Reporting | Reporting Period | | | | | | |
|--------|---|-------|---------|------------|------------------------------|-----|------|-------------------|------------|--|--|
| MCCL | MCCLINTON, JOANNA FRIENDS OF | | | From: | <u>11/24/2020</u> To: | | | <u>12/31/2020</u> | | | |
| | | | | | DA | TE | | | AMOUNT | | |
| Full N | Full Name of Contributing Committee | | | | | DAY | YEAR | | | | |
| Citize | Citizens For Jordan Harris | | | | | | | \$ | 6,000.00 | | |
| Mailir | ng Address | | | | 11 | 25 | 2020 | | | | |
| City | PHILADELPHIA | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | PA | 19146 | | | | | | | | |
| Full N | lame of Contributing Committee | | | | мо | DAY | YEAR | | | | |
| Exelo | nPac | | | | 140 | | | \$ | 2,000.00 | | |
| Maili | ng Address | | | | 11 | 25 | 2020 | | , | | |
| City | WASHINGTON | State | Zip Cod | e (Plus 4) | | 25 | 2020 | | | | |
| | | DC | 20001 | | | | | | | | |
| | | | | | | | | | PAGE TOTAL | | |
| Enter | nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | \$ | 8,000.00 | | |

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 | | | | leporting Period | | | | | |
|--|-------|--------------|-------|------------------|-------|------|------------------------------|------------|--|
| From: | | | | n: To: | | | | | |
| | | | | DATE AMOUNT | | | | IOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | | |
| City | State | Zip Code (Pl | ıs 4) | | | | | | |
| Employer Name | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | • | State | | Zip Code | e (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 | | | | | | | |
|---|---------------------|------------|------------------|---------|------------|------|------|--------|------|--|
| | | | | om: To: | | | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name | | | | мо | DAY | YEAR | \$ | | 0.00 | |
| Mailing Address | | | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | Receipt Description | | | | | | | | | |
| | | | | | PAGE TOTAL | | | TAL | | |
| nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 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 Perio | od | | | | | | | | |
|---|-----------------|------------------------------|-------------------|--|--|--|--|--|--|--|
| MCCLINTON, JOANNA FRIENDS OF | From: | <u>11/24/2020</u> то: | <u>12/31/2020</u> | | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 | | | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | | | | | | | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 | | | | | | | |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | | | | | | | | |
| TOTAL for the Reporting Pe | riod (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, 1 | | \$ | 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: | | | 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 Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TOTAL Section 2. | | | | | | | | | | | |
| | | | | | | \$ | 0.00 | | | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|--|-------------------|-------------------|--------|------------------|--------------|--------|---------------------------|--|--|
| | | | | From: | | | | | |
| | | | | | DATE AMO | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ 0.00 | | |
| City | State | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | • | | Occupa | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | State | e Zip | Code(Plus 4) | Descri | ption of Contribution | | |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, In-Kind | d Contributions D | etaile | d | | | PAGE TOTAL 0.00 | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Can | didate | | Reporting Period | | | | | | | |
|---|--------|-------------------|---|--|---------------|------------|-------------------|--|--|--|
| MCCLINTON, JOANNA FRIENDS | OF | | From | <u>11/2</u> 4 | <u>4/2020</u> | То: | <u>12/31/2020</u> | | | |
| | | | | DATE | | | AMOUNT | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| M F Strategies, LLC | | | MO | | | | | | | |
| Mailing Address | | | 12 | 25 | 2020 | \$ | 1,500.00 | | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| PA 17108 | | | | Retainer | Dec/2020 |) | | | | |
| To Whom Paid | | | | DAY | YEAR | | | | | |
| Tyrone Sims | | | | 25 | 2020 | \$ | 250.00 | | | |
| Mailing Address | | | | 25 | 2020 | , T | 250.00 | | | |
| CityPhiladelphiaStateZip Code (Plus 4) | | | | Description of Expenditure | | | | | | |
| | PA | 19142 | Election | Day Servi | ices/Drive | er | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| T D Bank | | | | | | | 26.00 | | | |
| Mailing Address | | | 12 | 31 | 2020 | \$ | 26.00 | | | |
| City Philadelphia | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | PA | 19102 | Maintence Fees November & December 2020 | | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| U S Postal Service | | | | | | | | | | |
| Mailing Address | | | 11 | 25 | 2020 | \$ | 6.95 | | | |
| City Philadelphia | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | PA | 19153 | Cycle 6 Harrisb | | nailing to | Bureau | of Elections, | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| U S Postal Service | | | MO | | TEAR | | | | | |
| Mailing Address | | | 11 | 25 | 2020 | \$ | 6.95 | | | |
| City Philadelphia State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | |
| PA 19153 | | | | Cycle 6 Certified mailing to County Board Of Elections | | | | | | |
| | | | | | | PAGE TOTAL | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 1,789.90 | | | |