### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 201                         | 50217       |                        |       |       | port<br>ed B |                | CAND               | IDATE  |             | СОМ        | <b>ITTEE</b>       | <b>✓</b>       | LOBE         | YIST      |                |
|---|--------------------------------|-------------|------------------------|-------|-------|--------------|----------------|--------------------|--|-------------|------------|--------------------|----------------|--------------|-----------|----------------|
| Name of Filing C                          | Committee, Candi               | date or L   | obbyist:               |       | MC    | CLIN         | TON,           | JOANNA             | FRIEN  | IDS C       | )F         |                    | •              |              |           |                |
| Street Address:                           | PO BOX 166                     | 68          |                        |       |       |              |                |                    |  |             |            |                    |                |              |           |                |
| City:                                     | PHILADELPH                     | IA          |                        |       |       |              |                | State:             | PA   |             |            | Zip Cod            | le: 19         | 9139-99      | 998       |                |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE   | -     | 2.           | 30 DA<br>PRIMA |                    | POST-  | 3. <b>X</b> |            | AMENDM<br>REPORT   |                | Yes          | No        | <b>~</b>       |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION    | 4.          | 2ND FRIDAY<br>ELECTION | PRE   | -     | 5.           | 30 DA          |                    | POST-  | 6.          |            | TERMINA<br>REPORT  |                | Yes          | No        | <b>~</b>       |
| report type)                              | ANNUAL REPOR                   | <b>T</b> 7. | <b>Year</b> 2021       |       |       |              |                | IG METH<br>CHECK O |  |             |            | PAPER              |                | $\checkmark$ | DISKE     | ГТЕ            |
| Name of Office S                          | Sought by Candid               | ate:        | •                      |       |       |              |                | DATE C             | )F ELE   | CTIC        | N          | District<br>Number | Office<br>Code | Part         | y Code    | County<br>Code |
|   |                                |             |                        |       |       |              |                | МО                 | DAY  | YI          | AR         | Number             | code           |              |           | code           |
|   |                                |             |                        |       |       |              |                | 11                 |  | 2           | 2021       |                    | (SEE IN        | ISTRUCTIO    | NS FOR C  | ODES)          |
| Summary of Expenditures                   | Receipts and                   | МО          | DAY Y                  | /EAR  | l     |              |                | МО                 | DAY  | ΥI          | EAR        | FO                 | R OFFI         | CE USE       | ONLY      |                |
|   |                                |             | 5 4                    | 2     | 021   | ТТ           | <u> </u>       | $\epsilon$         | 5  | 7           | 2021       |                    |                |              |           |                |
| A. Amount Bro                             | ught Forward Fro               | om Last R   | eport                  |       |       |              | \$             |                    |  | 70,         | 760.28     |                    |                |              |           |                |
| B. Total Monet                            | ary Contributions              | And Rec     | eipts (From S          | Sche  | dule  | e I)         | \$             |                    |  | 86,0        | 00.00      |                    |                |              |           |                |
| C. Total Funds                            | Available (Sum (               | Of Lines A  | and B)                 |       |       |              | \$             |                    |  | 156,        | 760.28     |                    |                |              |           |                |
| D. Total Expend                           | ditures (From Sc               | hedule II   | I)                     |       |       |              | \$             |                    |  | 27,6        | 10.28      |                    |                |              |           |                |
| E. Ending Cash                            | Balance (Subtra                | ct Line D   | From Line C)           |       |       |              | \$             |                    |  | 129,1       | 50.00      |                    |                |              |           |                |
| F. Value Of In-                           | Kind Contributio               | ns Receiv   | ed (From Sch           | edu   | le I  | I)           | \$             |                    |  | 3,0         | 20.00      |                    |                |              |           |                |
| G. Unpaid Debt                            | ts And Obligation              | s (From S   | Schedule IV)           |       |       |              | \$             |                    |  |             | 0.00       |                    |                |              |           |                |
|   |                                |             | ,                      | AFF   | ΊD    | AVI          | T SE           | CTION              |  |             |            |                    |                |              |           |                |
| PART I - If this is                       |                                |             | _                      |       |       |              |                |                    |  |             |            |                    |                |              |           |                |
| I swear (or affirm)<br>correct and comple | ) that this report, in<br>ete. | cluding the | e attached sche        | dules | file  | ed on        | paper (        | or by elect        | tronic m   | edium       | , are to t | the best o         | f my kno       | wledge a     | ind belie | f , true       |
| Sworn to and subs                         | cribed before me the           | iis         | 20                     |       |       |              |                |                    |  | S           | Signature  | of Perso           | n Submit       | ting Rep     | ort       |                |
|   | Signat                         | ure         |                        |       |       |              | -<br>-         |                    |  |             |            | Prin               | ted Nam        | e            |           |                |
| My Commission Ex                          | _                              |             |                        |       |       |              |                |                    |  |             |            | Ema                | il             |              |           |                |
|   | мо                             | D           | AY                     | YR    |       |              |                |                    | Ar   | ea Coo      | le         | Daytim             | e Telepi       | hone Nur     | nber      |                |
| Part II- If this is                       | a report of a ca               | ndidate's   | authorized C           | omn   | nitte | ee, C        | andida         | ate shall          | sign h   | ere.        |            |                    |                |              |           |                |
| I swear (or affirm)<br>No 320) as amende  |                                | my knowl    | edge and belief        | this  | poli  | itical       | commi          | ittee has r        | s not violated any provisions of the act of June 3,1937 (P.L. 1333 |             |            |                    |                |              | 1333,     |                |
| Sworn to and subsc                        |                                | s           |                        |       |       |              |                |                    | Signature of Candidate   |             |            |                    |                |              |           |                |
|   | day of                         |             |                        |       |       |              | -              |                    |  |             |            | Drint              | d Name         |              |           |                |
|   | Signature                      |             |                        |       |       |              | -              |                    |  |             |            | Printe             | d Name         |              |           |                |
| My Commission Exp                         | -                              | -           |                        |       |       |              |                |                    |  |             |            | Ema                | il             |              |           |                |
|   | МО                             | D           | AY                     | YR    | ,     |              | -              |                    | Area   | Code        |            | Da                 | ytime T        | elephon      | e Numbe   | er             |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| betanea banmary rage  | -           |         |              |           |
|---|-------------|---------|--------------|-----------|
| Name of Filing Committee or Candidate   | Reporting P | eriod   |              |           |
| MCCLINTON, JOANNA FRIENDS OF  | From:       | 5/4/202 | <u>1</u> To: | 6/7/2021  |
| 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)   |             |         | \$           | 0.00      |
| All Other Contributions (Part B)  |             |         | \$           | 0.00      |
| TOTAL for the Reporting   | Period      | (2)     | \$           | 0.00      |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)  |             |         |              |           |
| Contributions Received From Political Committees (Part C)   |             |         | \$           | 86,000.00 |
| All Other Contributions (Part D)  |             |         | \$           | 0.00      |
| TOTAL for the Reporting   | Period      | (3)     | \$           | 86,000.00 |
| 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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page |             | nt      | \$           | 86,000.00 |

#### **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 Candida | te    |                   | Reporting | Period |      |    |        |
|-------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
|                                     |       |                   | From:     |        | То   | :  |        |
|                                     |       |                   |           | DATE   |      |    | AMOUNT |
| Full Name of Contributing Committee |       |                   | МО        | DAY    | YEAR |    |        |
| Mailing Address                     |       |                   |           |        |      | \$ | 0.00   |
| City                                | State | Zip Code (Plus 4) |           |        |      |    |        |

PAGE TOTAL
0.00

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 Candida | te    |                  | Rep | orting P | eriod |      |    |        |
|-------------------------------------|-------|------------------|-----|----------|-------|------|----|--------|
|                                     |       |                  | Fro | m:       |       | To   | ): |        |
|                                     |       |                  |     |          | DATE  |      |    | AMOUNT |
| Full Name of Contributor            |       |                  |     | МО       | DAY   | YEAR |    |        |
| Mailing Address                     |       |                  |     |          |       |      | \$ | 0.00   |
| City                                | State | Zip Code (Plus 4 | )   |          |       |      |    |        |

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

**PAGE TOTAL \$**0.00

#### **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  |                |      |                    |
|---|--------------------|--------------------------|------------|-----------|----------------|------|--------------------|
| MCCLINTON, JOANNA FRIENDS OF  |                    |                          | From:      | <u>5/</u> | <u>/4/2021</u> | То:  | <u>6/7/2021</u>    |
|   |                    |                          |            | DA        | TE             |      | AMOUNT             |
| Full Name of Contributing Committee Steamfitters Union Local 420    |                    |                          |            | мо        | DAY            | YEAR | \$ 5,000.00        |
| Mailing Address 14420 Towsend Road                                  | d Ste A            |                          |            | 5         | 20             | 2021 | 2,33333            |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Cod</b><br>19154  | e (Plus 4) |           |                |      |                    |
| <b>Full Name of Contributing Committee</b> Plumbers Union Local 690 |                    |                          |            | МО        | DAY            | YEAR | \$ 5,000.00        |
| Mailing Address 2791 SOUTHAMPTON                                    | I ROAD             | •                        |            | 5         | 20             | 2021 |                    |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Cod</b><br>19154  | e (Plus 4) |           |                |      |                    |
| Full Name of Contributing Committee IUPAT DC21                      |                    |                          |            | МО        | DAY            | YEAR | \$ 2,500.00        |
| Mailing Address 2980 Southhampton                                   | Road               |                          |            | 5         | 20             | 2021 | _,                 |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Code</b> 19154    | e (Plus 4) |           |                |      |                    |
| Full Name of Contributing Committee  IUPAT DC21                     |                    |                          |            | МО        | DAY            | YEAR | \$ 2,500.00        |
| Mailing Address 2980 Southhampton                                   | Road               |                          |            | 5         | 20             | 2021 | 2,300.00           |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Code</b><br>19154 | e (Plus 4) | J         |                | 2021 |                    |
| <b>Full Name of Contributing Committee</b> SEIU Health PA Cope      |                    |                          |            | МО        | DAY            | YEAR | \$ 2,500.00        |
| Mailing Address 1500 North 2nd Stre                                 | et Ste 12          |                          |            | 5         | 20             | 2021 | ,                  |
| City HARRISBURG   | <b>State</b><br>PA | <b>Zip Cod</b><br>17102  | e (Plus 4) |           |                |      |                    |
| Full Name of Contributing Committee                                 |                    |                          |            | мо        | DAY            | YEAR |                    |
| Cozen O'Connor Pac  |                    |                          |            |           |                |      | <b>\$</b> 2,500.00 |
| Mailing Address 1650 MARKET ST.                                     | <u></u>            | 1                        |            | 5         | 20             | 2021 |                    |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Cod</b><br>19103  | e (Plus 4) |           |                |      |                    |

| Full Name of Co.  |  |                           |   |                  |                      |                              |          |          |
|---|--|---------------------------|---|------------------|----------------------|------------------------------|----------|----------|
| ruii Name of Cont   | ributing Committee   |                           |   | МО               | DAY                  | YEAR                         |          |          |
| Red River Canyor  | n Committee  |                           |   | 140              | DAI                  | ILAK                         | <b> </b> | 500.00   |
| Mailing Address   | 500 North 3rd Street   | 9th Floor                 |   | 5                | 20                   | 2021                         | ]        |          |
| City HARRISBU   | JRG  | State                     | Zip Code (Plus 4)                                 | ]                | 20                   | 2021                         |          |          |
|   |  | PA                        | 17101   |                  |                      |                              |          |          |
| Full Name of Cont   | ributing Committee   |                           |   | МО               | DAY                  | YEAR                         |          |          |
| 2999 GROUP  |  |                           |   |                  |                      |                              | \$       | 5,000.00 |
| Mailing Address   | 2999 STREET ROAD   |                           | _   | 5                | 20                   | 2021                         |          |          |
| City BENSALEM   | 1  | State                     | Zip Code (Plus 4)                                 |                  |                      |                              |          |          |
|   |  | PA                        | 19020   |                  |                      |                              |          |          |
| Full Name of Cont   | ributing Committee   |                           |   | МО               | DAY                  | YEAR                         |          |          |
| STANDARDBRED  | BREEDERS ASSOC OF  | PA PAC                    |   |                  |                      | 12/11                        | <b> </b> | 5,000.00 |
| Mailing Address   | 2310 Hanover Pike  |                           |   | 5                | 20                   | 2021                         |          | ,        |
| City HANOVER  |  | State                     | Zip Code (Plus 4)                                 | ]                |                      |                              |          |          |
|   |  | PA                        | 17331   |                  |                      |                              |          |          |
| Full Name of Cont   | ributing Committee   |                           |   | мо               | DAY                  | YEAR                         |          |          |
| PA Horsebreeders  | Association Inc  |                           |   |                  |                      |                              | \$       | 2,500.00 |
| Mailing Address   | 701 East Baltimore P   | ike Ste E                 |   | 5                | 20                   | 2021                         |          |          |
| City Kennett So   | quare  | State                     | Zip Code (Plus 4)                                 |                  |                      |                              |          |          |
|   |  | PA                        | 19348   |                  |                      |                              |          |          |
| Full Name of Cont   | ributing Committee   |                           |   |                  |                      |                              |          |          |
|   |  |                           |   | I MO             | ΙΙΣΟΥ                | I VEAR                       | ı        |          |
| APSCUF/CAP-PA   |  |                           |   | МО               | DAY                  | YEAR                         | \$       | 2,500.00 |
| APSCUF/CAP-PA  Mailing Address  | 319 North Front Stre   | et                        |   |                  |                      |                              | \$       | 2,500.00 |
| -   |  | et State                  | Zip Code (Plus 4)                                 | <b>мо</b><br>. 5 | 20                   | 2021                         | \$       | 2,500.00 |
| Mailing Address   |  | <u> </u>                  | <b>Zip Code (Plus 4)</b> 17101                    |                  |                      |                              | \$       | 2,500.00 |
| Mailing Address  City HARRISBU  |  | State                     |   | . 5              | 20                   | 2021                         | \$       | 2,500.00 |
| Mailing Address  City HARRISBU  | JRG  | State                     |   |                  |                      |                              |          |          |
| Mailing Address  City HARRISBU  Full Name of Cont   | JRG  | State                     |   | . 5<br><b>MO</b> | 20 DAY               | 2021<br>YEAR                 | \$       | 1,000.00 |
| Mailing Address  City HARRISBU  Full Name of Cont McNees Pac  | ributing Committee  100 Pine Street  | State                     |   | . 5              | 20                   | 2021                         |          |          |
| Mailing Address  City HARRISBU  Full Name of Cont McNees Pac  Mailing Address   | ributing Committee  100 Pine Street  | State<br>PA               | 17101   | . 5<br><b>MO</b> | 20 DAY               | 2021<br>YEAR                 |          |          |
| Mailing Address  City HARRISBU  Full Name of Cont McNees Pac  Mailing Address  City HARRISBU  | ributing Committee  100 Pine Street  | State PA State            | 17101  Zip Code (Plus 4)                          | мо<br>. 5        | 20 DAY 20            | 2021<br>YEAR<br>2021         |          |          |
| Mailing Address  City HARRISBU  Full Name of Cont McNees Pac  Mailing Address  City HARRISBU  | ributing Committee  100 Pine Street  URG                                   | State PA State            | 17101  Zip Code (Plus 4)                          | . 5<br><b>MO</b> | 20 DAY               | 2021<br>YEAR                 |          | 1,000.00 |
| Mailing Address  City HARRISBU  Full Name of Cont McNees Pac  Mailing Address  City HARRISBU  Full Name of Cont   | ributing Committee  100 Pine Street  URG                                   | State PA State            | 17101  Zip Code (Plus 4)                          | мо<br>. 5        | 20 DAY 20            | 2021  YEAR  2021  YEAR       | \$       | 1,000.00 |
| Mailing Address  City HARRISBU  Full Name of Cont McNees Pac  Mailing Address  City HARRISBU  Full Name of Cont FoodPac of PA   | ributing Committee  100 Pine Street URG  ributing Committee                | State PA State            | 17101  Zip Code (Plus 4)                          | мо<br>5<br>мо    | 20 DAY 20 DAY        | 2021<br>YEAR<br>2021         | \$       | 1,000.00 |
| Mailing Address  City HARRISBU  Full Name of Cont McNees Pac  Mailing Address  City HARRISBU  Full Name of Cont FoodPac of PA  Mailing Address  | ributing Committee  100 Pine Street URG  ributing Committee                | State PA  State PA        | 17101  Zip Code (Plus 4)  17108                   | мо<br>5<br>мо    | 20 DAY 20 DAY        | 2021  YEAR  2021  YEAR       | \$       | 1,000.00 |
| Full Name of Cont McNees Pac Mailing Address City HARRISBU  Full Name of Cont McNees Pac Mailing Address City HARRISBU  Full Name of Cont FoodPac of PA Mailing Address City CAMP HILL  | ributing Committee  100 Pine Street URG  ributing Committee                | State PA  State PA  State | 17101  Zip Code (Plus 4) 17108  Zip Code (Plus 4) | мо<br>5<br>мо    | 20 DAY 20 DAY 20     | 2021  YEAR  2021  YEAR  2021 | \$       |          |
| Full Name of Cont McNees Pac Mailing Address City HARRISBU  Full Name of Cont McNees Pac Mailing Address City HARRISBU  Full Name of Cont FoodPac of PA Mailing Address City CAMP HILL  | Tributing Committee  100 Pine Street  URG  Tributing Committee  PO BOX 870 | State PA  State PA  State | 17101  Zip Code (Plus 4) 17108  Zip Code (Plus 4) | мо<br>5<br>мо    | 20 DAY 20 DAY        | 2021  YEAR  2021  YEAR       | \$       | 1,000.00 |
| Mailing Address  City HARRISBU  Full Name of Cont McNees Pac  Mailing Address  City HARRISBU  Full Name of Cont FoodPac of PA  Mailing Address  City CAMP HILL  Full Name of Cont       | Tributing Committee  100 Pine Street  URG  Tributing Committee  PO BOX 870 | State PA  State PA  State | 17101  Zip Code (Plus 4) 17108  Zip Code (Plus 4) | мо<br>5<br>мо    | 20 DAY 20 DAY 20     | 2021  YEAR  2021  YEAR  2021 | \$       | 1,000.00 |
| Mailing Address City HARRISBU  Full Name of Cont McNees Pac Mailing Address City HARRISBU  Full Name of Cont FoodPac of PA Mailing Address City CAMP HILL  Full Name of Cont PA-THA-Pac | Tributing Committee  100 Pine Street  URG  Tributing Committee  PO BOX 870 | State PA  State PA  State | 17101  Zip Code (Plus 4) 17108  Zip Code (Plus 4) | мо 5 мо 5        | 20 DAY 20 DAY 20 DAY | 2021  YEAR  2021  YEAR  2021 | \$       | 1,000.00 |

| Full Name of Contributing Committee |           |                   | мо | DAY   | YEAR |   |
|-------------------------------------|-----------|-------------------|----|-------|------|---|
| TRIAD STRATEGIES PA PAC             |           |                   |    |       |      | \$ 1,000.00                             |
| Mailing Address 300 N 2ND ST, STE   | 1200      |                   | 5  | 20    | 2021 | ·                                       |
| City HARRISBURG                     | State     | Zip Code (Plus 4) |    |       |      |   |
|                                     | PA        | 17101             |    |       |      |   |
| Full Name of Contributing Committee |           |                   | мо | DAY   | YEAR |   |
| PSEA Pace                           |           |                   |    |       |      | <b>\$</b> 2,500.00                      |
| Mailing Address 400 N THIRD ST      |           |                   | 5  | 20    | 2021 | ·                                       |
| City HARRISBURG                     | State     | Zip Code (Plus 4) |    |       | 2021 |   |
|                                     | PA        | 17105             |    |       |      |   |
| Full Name of Contributing Committee |           |                   | мо | DAY   | YEAR |   |
| Sprinkler Fitters Union Local 692   |           |                   |    | 27.11 |      | <b>\$</b> 5,000.00                      |
| Mailing Address 14004 McNulty Road  |           |                   | 5  | 20    | 2021 | , |
| City Philadelphia                   | State     | Zip Code (Plus 4) |    | 20    | 2021 |   |
|                                     | PA        | 19154             |    |       |      |   |
| Full Name of Contributing Committee |           |                   | МО | DAY   | YEAR |   |
| IBEW Local 98                       |           |                   |    |       |      | \$ 10,000.00                            |
| Mailing Address 1719 Spring Garden  | Street    |                   | 5  | 20    | 2021 |   |
| <b>City</b> Philadelphia            | State     | Zip Code (Plus 4) |    |       |      |   |
|                                     | PA        | 19130             |    |       |      |   |
| Full Name of Contributing Committee |           |                   | мо | DAY   | YEAR |   |
| Laborers District Council           |           |                   | MO | DAT   | IEAR | <b>\$</b> 25,000.00                     |
| Mailing Address 665 N Broad Street  | 5th Floor |                   | 5  | 20    | 2021 | 23,333.00                               |
| City Philadelphia                   | State     | Zip Code (Plus 4) |    |       | 2021 |   |
|                                     | PA        | 19123             |    |       |      |   |
|                                     | -         | •                 |    |       |      |   |

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

**PAGE TOTAL**\$ 86,000.00

### 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   |                     |               | Rep     | orting Pe | riod  |      |            |                 |
|---|---------------------|---------------|---------|-----------|-------|------|------------|-----------------|
|   |                     |               | Fror    | n:        |       | To   | <b>o</b> : |                 |
|   |                     |               |         | D         | ATE   |      |            | AMOUNT          |
| Full Name of Contributor                |                     |               |         | МО        | DAY   | YEAR | \$         | 0.00            |
| Mailing Address                         |                     |               |         |           |       |      | 1          |                 |
| City                                    | State               | Zip Code (Plu | s 4)    |           |       |      |            |                 |
| Employer Name                           |                     |               |         | Occupat   | tion  |      |            |                 |
| Employer Mailing Address/Principal Plac | e of Business       | City          |         |           | State |      | Zip C      | Code (Plus 4)   |
| Enter Grand Total of Part C on Schee    | dule I, Detailed Su | ımmary Page   | Section | on 3.     |       |      | \$         | 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 Candidate              |                | Report  | ing Peri | od  |      |            |
|---------------------------|---------------------------|----------------|---------|----------|-----|------|------------|
|                           |                           |                | From:   |          |     | To:  |            |
|                           |                           |                |         | D        | ATE |      | AMOUNT     |
| Full Name                 |                           |                |         | мо       | DAY | YEAR | \$<br>0.00 |
| Mailing Address           |                           |                |         |          |     |      |            |
| City                      | State                     | Zip Code (I    | Plus 4) |          |     |      |            |
| Receipt Description       | •                         | •              |         |          | •   | •    |            |
| Futor Count Total of Boot | Fan Cabadula I Batailad   | I Comment Base | Castian | 4        |     |      | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule I, Detalled | Summary Page,  | Section | 4.       |     |      | \$<br>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>5/4/2021</u> <b>To:</b> | 6/7/2021 |
| 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)       | \$                         | 3,020.00 |
| 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, |                 | \$                         | 3,020.00 |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Car | ndidate              |                         | Reportin | g Period |      |             |            |
|---------------------------------|----------------------|-------------------------|----------|----------|------|-------------|------------|
|                                 |                      |                         | From:    |          |      | To:         |            |
|                                 |                      |                         |          | DATE     |      |             | AMOUNT     |
| Full Name of Contributor        |                      |                         | МО       | DAY      | YEAR |             |            |
| Mailing Address                 |                      |                         |          |          |      | <b>=</b> \$ | 0.00       |
| City                            | State                | Zip Code (Plus 4)       |          |          |      |             |            |
| Description of Contribution:    | •                    | !                       |          |          |      |             |            |
|                                 |                      |                         |          |          | -    |             |            |
| Enter Grand Total of Part F o   | n Schedule II, In-Ki | nd Contributions Detail | led Sun  | nmary Pa | ge,  |             | PAGE TOTAL |
| Section 2.                      |                      |                         |          |          |      | \$          | 0.00       |

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

Name of Filing Committee or Candidate

MCCLINTON, JOANNA FRIENDS OF

Reporting Period

From: 5/4/2021 To: 6/7/2021

| Full Name of Contributor Pugliese Associates / Vision Pac  Mailing Address 2205 Strawberry Square  |                                  |                       |                   |            |         |                |         |                       |
|--|----------------------------------|-----------------------|-------------------|------------|---------|----------------|---------|-----------------------|
| Pugliese Associates/ Vision Pac  Mailing Address 2205 Strawberry Square  State PAGE TOTAL  |                                  |                       |                   |            |         | DATE           |         | AMOUNT                |
| Mailing Address   2205 Strawberry Square   State   PA   17101   State   PA   17101   Parking, Description of Contributor   Parking, Description of Contributor   Parking, Description of Contributor   Parking, Description of Contributor   Parking Address / Principal Place   Pa   Pa   Pa   Pa   Pa   Pa   Pa   P  |                                  |                       |                   |            | мо      | DAY            | YEAR    |                       |
| City HARRISBURG   State PA   17101   Pugliese Associates   Occupation   Organizer    Employer Mailing Address/Principal Place of Business   City Harrisburg   PA   17101   Parking, Desserts, Bar Service, Bar Keeper & Servers    Full Name of Contributor Pugliese Associates   Vision Pac   PA   17101   Parking, Desserts, Bar Service, Bar Keeper & Servers    Full Name of Contributor Pugliese Associates   Vision Pac   PA   17101   Parking, Desserts, Bar Service, Bar Keeper & Servers    Full Name of Contributor Pugliese Associates   Vision Pac   PA   17101   Parking, Desserts, Bar Service, Bar Keeper & Servers    Full Name of Contributor Pugliese Associates   Vision Pac   PA   17101   Parking, Desserts, Bar Service, Bar Keeper & Servers    Full Name of Contributor Pugliese Associates   Day Day VEAR   PA   2021   PA   2,160.00    Employer of Contributor Pugliese Associates   Occupation Organizer    Employer of Contributor Pugliese Associates   Occupation Organizer    Employer Mailing Address/Principal Place of Business   City State PA   17101   Packing   PA   17101    Employer Mailing Address/Principal Place of Business   City State PA   17101   Packing   PA   17101    Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed |                                  |                       |                   | -          |         | 20             | 2021    | \$ 860.00             |
| Employer of Contributor Pugliese Associates  Employer Mailing Address/Principal Place of Business 2205 Strawberry Square  Full Name of Contributor Pugliese Associates  Full Name of Contributor Pugliese Associates  Full Name of Contributor Pugliese Associates / Vision Pac  Mo DAY YEAR  Address 2205 Strawberry Square  Full Name of Contributor Pugliese Associates / Vision Pac  Mo DAY YEAR  Address 2205 Strawberry Square  Full Name of Contributor Pugliese Associates / Vision Pac  Mo DAY YEAR  Address 2205 Strawberry Square  Full Name of Contributor Pugliese Associates / Vision Pac  Mo DAY YEAR  Address 2205 Strawberry Square  Full Name of Contributor Pugliese Associates   | Mailing Address 2205 Strawbe     | rry Square            |                   |            | 5       | 20             | 2021    |                       |
| Employer of Contributor Pugliese Associates  | <b>City</b> HARRISBURG           | State                 | Zip Code(Plus     | <b>34)</b> |         |                |         |                       |
| Employer Mailing Address/Principal Place of Business 2205 Strawberry Square    Harrisburg   PA   17101   Parking, Desserts, Bar Service, Bar Keeper & Servers   Harrisburg   PA   17101   Parking, Desserts, Bar Service, Bar Keeper & Servers   Harrisburg   PA   PA   PA   PA   PA   PA   PA   P   |                                  | PA                    | 17101             |            |         |                |         |                       |
| PA 17101 Parking, Desserts, Bar Service, Bar Keeper & Servers  Full Name of Contributor Pugliese Associates/ Vision Pac  Mailing Address 2205 Strawberry Square  City HARRISBURG  State PA 17101  Employer of Contributor Pugliese Associates  Occupation Organizer  Employer Mailing Address/Principal Place of Business 2205 Strawberry Square  Employer Strawberry Square  City State Zip Code(Plus 4) 17101  Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed  | Employer of Contributor Puglio   | ese Associates        | •                 |            | Occupa  | <b>tion</b> Or | ganizer |                       |
| Full Name of Contributor Pugliese Associates/ Vision Pac  Mailing Address 2205 Strawberry Square  City HARRISBURG  State PA PA 17101  Employer of Contributor Pugliese Associates  City Harrisburg  Employer Mailing Address/Principal Place of Business 2205 Strawberry Square  City Harrisburg  Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed  Service, Bar Keeper & Servers  MO DAY  YEAR  2,160.00  State Zip Code(Plus 4)  | Employer Mailing Address/Princip | al Place of Business  | City              | State      | e Zip ( | Code(Plus 4)   | Descri  | ption of Contribution |
| Pugliese Associates/ Vision Pac  Mailing Address 2205 Strawberry Square  City HARRISBURG  State   Zip Code(Plus 4)   17101  Employer of Contributor   Pugliese Associates  PA   17101  City   State   PA   17101  Employer Mailing Address/Principal Place of Business   City   State   Zip Code(Plus 4)   17101  Employer Mailing Address/Principal Place of Business   PA   17101  Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed  | 2205 Strawberry Square           |                       | Harrisburg        | PA         | 171     | 01             |         | J, ,                  |
| Pugliese Associates/ Vision Pac  Mailing Address 2205 Strawberry Square  State PA PA 17101  Employer of Contributor Pugliese Associates  Pugliese Associates  PA 17101  State PA 17101  City HARRISBURG  PA 17101  City State PA 17101  State PA 17101  Description of Contribution Pac Mrs Yummies for Ur Tummy  Page TOTAL  PAGE TOTAL   | Full Name of Contributor         |                       |                   |            | мо      | DAY            | YEAR    |                       |
| Mailing Address 2205 Strawberry Square  City HARRISBURG  State PA 17101  Employer of Contributor Pugliese Associates  City Mailing Address/Principal Place of Business Principal Place of Business Part Gon Schedule II, In-Kind Contributions Detailed  State PA 2021  City Code(Plus 4) Description of Contribution PA 17101  PAGE TOTAL   | Pugliese Associates/ Vision Pac  |                       |                   |            |         | 2111           |         | 2 4 6 0 0 0           |
| Employer of Contributor Pugliese Associates Occupation Organizer  Employer Mailing Address/Principal Place of Business 2205 Strawberry Square Harrisburg PA 17101 Place of Business 217101 Place of Business 2205 Strawberry Square PA 17101 Place of Business 2205 Strawberry Square PA 17101 Place of Contribution Mrs Yummies for Ur Tummy PAGE TOTAL   | Mailing Address 2205 Strawber    | rry Square            |                   |            | 5       | 20             | 2021    | 2,160.00              |
| Employer of Contributor Pugliese Associates Occupation Organizer  Employer Mailing Address/Principal Place of Business 2205 Strawberry Square Harrisburg PA 17101 Mrs Yummies for Ur Tummy  Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed   | City HARRISBURG                  | State                 | Zip Code(Plus     | 6 4)       |         |                |         |                       |
| Employer Mailing Address/Principal Place of Business 2205 Strawberry Square  City Harrisburg PA  27ip Code(Plus 4) 17101  Mrs Yummies for Ur Tummy  PAGE TOTAL   |                                  | PA                    | 17101             |            |         |                |         |                       |
| 2205 Strawberry Square Harrisburg PA 17101 Mrs Yummies for Ur Tummy  Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed  PAGE TOTAL  | Employer of Contributor Puglic   | ese Associates        | •                 |            | Occupa  | <b>tion</b> Or | ganizer |                       |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed  PAGE TOTAL   | Employer Mailing Address/Princip | al Place of Business  | City              | State      | e Zip   | Code(Plus 4)   | Descri  | ption of Contribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed   | 2205 Strawberry Square           |                       | Harrisburg        | PA         | 171     | 01             | Mrs Yu  | ımmies for Ur Tummy   |
|  | Enter Grand Total of Part G o    | n Schedule II. In-K   | ind Contributions | . Detaile  | ad      |                |         | PAGE TOTAL            |
|  |                                  | ii Schedule II, III-K |                   | Detaile    |         |                |         | 3,020.00              |
|  |                                  |                       |                   |            |         |                | ٠       |                       |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per | iod      |     |          |
|---------------------------------------|---------------|----------|-----|----------|
| MCCLINTON, JOANNA FRIENDS OF          | From          | 5/4/2021 | То: | 6/7/2021 |

|   |                    |                                |  | DATE                             |                              |     | AMOUNT    |
|---|--------------------|--------------------------------|--|----------------------------------|------------------------------|-----|-----------|
| To Whom Paid  |                    |                                |  | DAY                              | VEAD                         |     |           |
| BattleAxe Digital   |                    |                                | МО                                     | DAY                              | YEAR                         |     |           |
| Mailing Address 1320 Randolph Stre  | et NW              |                                | 6                                      | 1                                | 2021                         | \$  | 3,000.00  |
| <b>City</b> Washington  | State              | Zip Code (Plus 4)              | Descrip                                | tion of Exp                      | enditure                     |     |           |
|   | DC                 | 20011                          | Strategi                               | ic Consultiı                     | ng Inv#1                     | 433 |           |
| To Whom Paid  |                    |                                | мо                                     | DAY                              | YEAR                         |     |           |
| BattleAxe Digital   |                    |                                |  |                                  |                              |     |           |
| Mailing Address 1320 Randolph Stre  | et NW              |                                | 5                                      | 24                               | 2021                         | \$  | 15,000.00 |
| <b>City</b> Washington  | State              | Zip Code (Plus 4)              | Descrip                                | tion of Exp                      | enditure                     |     |           |
|   | DC                 | 20011                          | Email A                                | cquistion                        |                              |     |           |
| To Whom Paid  |                    |                                | МО                                     | DAY                              | YEAR                         |     |           |
| M F Strategies, LLC   |                    |                                |  |                                  |                              |     |           |
| Mailing Address P O BOX 439   |                    |                                | 5                                      | 24                               | 2021                         | \$  | 4,177.28  |
| <b>City</b> Harrisburg  | State              | Zip Code (Plus 4)              | Descrip                                | tion of Exp                      | enditure                     |     |           |
|   | PA                 | 17108                          | May 202                                | 21 Monthly                       | Retainer                     | -   |           |
| To Whom Paid  |                    |                                | мо                                     | DAY                              | YEAR                         |     |           |
| Perry Media Group   |                    |                                |  |                                  |                              |     |           |
|   |                    |                                |  |                                  |                              |     |           |
| Mailing Address 862 Fawn Lane   |                    |                                | 6                                      | 4                                | 2021                         | \$  | 4,000.00  |
| Mailing Address 862 Fawn Lane  City Hummelstown   | State              | Zip Code (Plus 4)              |  | 4<br>tion of Exp                 |                              | \$  | 4,000.00  |
|   | State<br>PA        | <b>Zip Code (Plus 4)</b> 17036 |  | l<br>tion of Exp                 |                              | \$  | 4,000.00  |
|   |                    |                                | <b>Descrip</b> Caucus                  | tion of Exp<br>Retreat           | enditure                     | \$  | 4,000.00  |
| City Hummelstown  |                    |                                | Descript                               | l<br>tion of Exp                 |                              | \$  | 4,000.00  |
| City Hummelstown  To Whom Paid  | PA                 |                                | <b>Descrip</b> Caucus                  | tion of Exp<br>Retreat           | enditure                     | \$  | 1,000.00  |
| City Hummelstown  To Whom Paid  Muslims 4 Humanity  | PA                 |                                | Descript<br>Caucus<br>MO               | tion of Exp<br>Retreat           | YEAR 2021                    |     |           |
| City Hummelstown  To Whom Paid  Muslims 4 Humanity  Mailing Address 413 South 60th Streen   | PA                 | 17036                          | Description Caucus  MO  5  Description | Retreat  DAY                     | YEAR 2021 enditure           |     |           |
| City Hummelstown  To Whom Paid  Muslims 4 Humanity  Mailing Address 413 South 60th Streen   | PA eet State       | 17036  Zip Code (Plus 4)       | MO 5 Descript Silver S                 | DAY  14  tion of Exp  ponsorship | YEAR 2021 enditure           |     |           |
| City Hummelstown  To Whom Paid  Muslims 4 Humanity  Mailing Address 413 South 60th Stree  City Philadelphia                                 | PA eet State       | 17036  Zip Code (Plus 4)       | Description Caucus  MO  5  Description | Retreat  DAY  14  tion of Exp    | YEAR 2021 enditure           |     | 1,000.00  |
| City Hummelstown  To Whom Paid  Muslims 4 Humanity  Mailing Address 413 South 60th Stree  City Philadelphia  To Whom Paid                   | PA  eet  State  PA | 17036  Zip Code (Plus 4)       | MO 5 Descript Silver S                 | DAY  14  tion of Exp  ponsorship | YEAR 2021 enditure           |     |           |
| City Hummelstown  To Whom Paid  Muslims 4 Humanity  Mailing Address 413 South 60th Stree  City Philadelphia  To Whom Paid  Joanna McClinton | PA  eet  State  PA | 17036  Zip Code (Plus 4)       | MO 5 Descript Silver S                 | DAY  14  tion of Exp  ponsorship | YEAR 2021 enditure YEAR 2021 | \$  | 1,000.00  |

| To Whom Paid              |                        |                          |                            | DAY      | VEAD      |    |                             |
|---------------------------|------------------------|--------------------------|----------------------------|----------|-----------|----|-----------------------------|
| T D Bank                  |                        |                          | МО                         | DAY      | YEAR      |    |                             |
| Mailing Address 121 Sout  | h Board Street         |                          | 5                          | 31       | 2021      | \$ | 39.00                       |
| <b>City</b> Philadelphia  | State                  | Zip Code (Plus 4)        | Description of Expenditure |          |           |    |                             |
|                           | PA                     | 19102                    | Bank Fe                    | es March | - May 20: | 21 |                             |
|                           |                        |                          |                            |          | 1107 201  |    |                             |
|                           |                        |                          | •                          |          | riay 20.  |    | PAGE TOTAL                  |
| nter Grand Total of Expe  | enditures on Page 1, R | eport Cover Page, Item D |                            |          | 110, 20.  | \$ |                             |
| inter Grand Total of Expe | enditures on Page 1, R | eport Cover Page, Item D |                            |          | na, zo.   |    |                             |
| Enter Grand Total of Expe | enditures on Page 1, R | eport Cover Page, Item D |                            |          | 114 20    |    |                             |
| Enter Grand Total of Expe | enditures on Page 1, R | eport Cover Page, Item D |                            |          | 114 201   |    | <b>PAGE TOTAL</b> 27,610.28 |
| Enter Grand Total of Expe | enditures on Page 1, R | eport Cover Page, Item D |                            |          | 114 201   |    |                             |
| Enter Grand Total of Expe | enditures on Page 1, R | eport Cover Page, Item D |                            |          | 114, 201  |    |                             |