Campaign Finance Report

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

Filer Identificat	tion 2	201502	Filer Identification 20150217 Re Number :						DATE		СОММ	1ITTEE	✓	LOBI	BYIST	
Name of Filing	Committee, Ca	ndidate	or Lol	bbyist:			-	JOANNA	FRIEN	DS OF	:					
Street Address	:															
City:	PHILADEL	.PHIA						State:	PA			Zip Co	de: 19	139-9	998	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA PRIMA		POST- 3.			AMENDM REPORT		Yes	Nc	 ✓
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDA ELECTION	Y PRE	5.	30 DA ELEC		POST-	6.		TERMIN/ REPORT		Yes	Nc	>
report type)	ANNUAL REP	ORT 7.	ľ	Year 2022				FILING METHOD () CHECK ONE			PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:						DATE O	OF ELEC	CTION		District Number	Office Code	Par	ty Code	County Code		
								мо	DAY	YEA	AR			DEN	1	
					-			4		5	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and Expenditures from: MO DAY YEAR					1		мо	DAY	YEA	AR	FC	R OFFIC	E USE	ONLY		
Expenditure	s from:		3	3 22	20	022 T	0	4	1	15	2022					
A. Amount Bro	ought Forward	From L	ast Re	port			\$			329,63	38.84					
B. Total Mone	tary Contribution	ons Anc	d Recei	ipts (From	n Sche	dule I)	\$		26,025.00							
C. Total Funds	s Available (Su	n Of Lir	nes A a	and B)			\$		3	355,66	53.84					
D. Total Expe	nditures (From	Schedu	le III))			\$			12,11	.5.40					
E. Ending Cas	h Balance (Sub	tract Li	ne D F	rom Line (C)		\$		3	343,54	8.44					
F. Value Of In	-Kind Contribut	tions Re	eceive	d (From S	chedu	le II)	\$				0.00					
G. Unpaid Deb	ots And Obligat	ions (Fı	rom Sc	chedule IV	')		\$				0.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this		• •		-					• •		_		6 I.m.a	dadaa		of heres
I swear (or affirn correct and comp		, incluai	ng the a	attached sci	nedules	s filed on	paper	or by elect	ronic me	edium, a	are to t	ne best o	т ту кпоч	leage	and beli	er, true
Sworn to and sub	scribed before m day of	e this		20						Sig	gnature	e of Perso	n Submitt	ing Rep	oort	
		nature					_					Prin	ted Name			
My Commission I	-											Ema	il			
	мо		DA	Y	YR		-		Are	ea Code		Daytim	e Teleph	one Nu	mber	
Part II- If this is	s a report of a	candida	ate's a	uthorized	Comm	nittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm No 320) as amend		t of my k	nowled	lge and beli	ef this	political	comm	ittee has n	ot violat	ted any	provisi	ions of th	e act of Ju	ine 3,19	937 (P.L	1333,
Sworn to and subs	cribed before me day of	this									Si	ignature o	of Candida	ite		
				20			-					Printe	d Name			
My Commission Ex	Signature Iy Commission Expires						-		Email							
	-						-									
MO DAY YR									Area (Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MCCLINTON, JOANNA FRIENDS OF	From:	<u>3/22/202</u>	<u>2</u> To:	<u>4/15/2022</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)			\$	400.00
All Other Contributions (Part B)	\$	125.00		
TOTAL for the Reporting	Period	(2)	\$	525.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	24,500.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting	Period	(3)	\$	25,500.00
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 Page			\$	26,025.00

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 Com	Name of Filing Committee or Candidate				Reporting Period						
MCCLINTON, JOANNA FRIENDS OF Fr			Fr	om:	<u>3/22/2</u>	:	<u>4/15/2022</u>				
						AMOUNT					
Full Name of Contributing Committee HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)					мо	DAY	YEAR				
Mailing Address					4	15	2022	\$	250.00		
City HARRISBURG		State PA	Zip Code (Plus 17101	4)							
Full Name of Contribu	ting Committee				мо	DAY	YEAR				
Friends Of Erika					мо	DAY	YEAR				
Mailing Address					4	11	2022	\$	150.00		
City PITTSBURGH		State PA	Zip Code (Plus 15217	4)			2022				
								Г	PAGE TOTAL		

400.00

\$

	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)										
Nam											
MCCLINTON, JOANNA FRIENDS OF Fro					m:	<u>3/22/2</u>	<u>4/15/2022</u>				
						DATE			AMOUNT		
Daniel	ame of Contributor F. Gordon				мо	DAY	YEAR				
Mailin City	g Address Philadelphia	State PA	Zip Code (Plus 4 19119)	4	11	2022	\$	100.00		
Mary /	ame of Contributor Ann Hunsicker				мо	DAY	YEAR				
Mailing Address City Yardley State Zip Code (Plus 4) PA 19067					4	11	2022	\$	25.00		
									PAGE TOTAL		
E	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	125.00		

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	e of Filing Committee or Candidate			Reporting	g Period				
MCCL	INTON, JOANNA FRIENDS OF			From:	<u>3/2</u>	2/2022	То:	<u>4/</u>	<u>15/2022</u>
					DA	TE		AM	IOUNT
Full N	lame of Contributing Committee				мо	DAY	YEAR		
Labo	rers District Council							\$	10,000.00
Mailir	ng Address				4	15	2022		-
City	Philadelphia	State PA	Zip Code (Plus 4) 19123						
Full Name of Contributing Committee					мо	DAY	YEAR		
GENERAL BUILDING CONTRACTORS ASSN PAC (GBCA PAC)					MO	DAT	TEAR	\$	1,000.00
Mailir	ng Address				4	15	2022		2,000100
City	PHILADELPHIA	State	Zip Cod	e (Plus 4)		15	2022		
		РА	19103-	0000					
Full Name of Contributing Committee					мо	DAY	YEAR		
BRISTOL-MYERS SQUIBB CO EMPL PAC					MO	DAT		\$	500.00
Mailiı	ng Address				4	15	2022		
City	LAWRENCEVILLE	State	Zip Cod	e (Plus 4)		15	2022		
		NJ	08648						
Full N	lame of Contributing Committee	-			мо	DAY	YEAR		
LOCA	L 0420 STEAMFITTERS UNION CO	PE COM			MO	DAT	TEAR	\$	5,000.00
Mailir	ng Address				4	15	2022		-,
City	PHILADELPHIA	State	Zip Cod	e (Plus 4)		15	2022		
		РА	19154-	1028					
Full N	lame of Contributing Committee				мо	DAY	YEAR		
FOOD	PAC (PA FOOD MERCHANTS ASS	۷)			MO			\$	1,000.00
Mailir	ng Address				4	15	2022		
City	CAMP HILL	State	Zip Cod	e (Plus 4)		10	2022		
		РА	17001-	0870					
Full N	Full Name of Contributing Committee				мо	DAY	YEAR		
NORF	NORFOLK SOUTHERN CORP GOOD GOV FUND				MO	DAT	TEAR	\$	1,000.00
Mailii	Mailing Address				4	11	2022		,
City	WASHINGTON	State	Zip Cod	e (Plus 4)					
		DC	20002						

Full N	ame of Contributing Comm	ittee		мо	DAY	YEAR		
HOSP	ITAL & HEALTHSYSTEM AS	SOC OF PA PAC(HAPA	C)				\$	1,000.00
Mailin	Mailing Address			4	11	2022		,
City	HARRISBURG	State	Zip Code (Plus 4)			2022		
		PA	17101					
Full Name of Contributing Committee					DAY	YEAR		
SEIU HEALTHCARE PA COPE				мо			\$	5,000.00
Mailin	ng Address			4	11	2022	1 '	5,000100
City	HARRISBURG	State	Zip Code (Plus 4)			2022		
		PA	17102					
								PAGE TOTAL
Enter	nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							24,500.00

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.)

ame of Filing Committee or Candidate				Reporting Period						
MCCLINTON, JOANNA FRIENDS OF Fro			Fron	om: <u>3/22/2022</u>			<u>2</u> To: <u>4/15/</u>		<u>4/15/2022</u>	
					DA	ATE			АМС	DUNT
Full Name of Contributor Charles Lomax					мо	DAY	YEAR	2	\$	1,000.00
Charles Lomax Mailing Address								-		
City Hilltown	State	Zip	Code (Plus	4)	4	15	202	2		
	PA	189	927							
Employer Name Requested					Occupation Requested					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zi	p Code	(Plus 4)
			Requested			PA		18	3927	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								\$	PAG	SE TOTAL 1,000.00

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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description									
								PAGE TO	TAL
Enter 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 Period		
MCCLINTON, JOANNA FRIENDS OF	From:	<u>3/22/2022</u> То:	<u>4/15/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
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 R			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				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 Summa Section 2.							PAGE TOTA	L
						\$		0.00

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

Name of Filing Committee or Candidate			Reporting Period				
				From:			
					DATE		AMOUNT
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 Place of Business City				e Zip	Code(Plus 4)	Descri	ption 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			Reporti	ng Period						
MCCLINTON, JOANNA FRIENDS OF			From	<u>3/22</u>	2/2022	То:	<u>4/15/2022</u>			
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
Friends Of Justin Fleming										
Mailing Address			4	10	2022	\$	1,000.00			
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure							
	РА	17710	Donatio	n						
To Whom Paid			мо	DAY	YEAR					
People For Emily Kinkead										
Mailing Address				10	2022	\$	1,000.00			
CityPittsburghStateZip Code (Plus 4)				Description of Expenditure						
PA 15222				Donation						
To Whom Paid	мо	DAY	YEAR							
Party Savers										
Mailing Address			4	10	2022	\$	225.00			
City Philadelphia	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
	РА	19143	Petition Party							
To Whom Paid			мо	DAY	YEAR					
Bcom Solutions, LLC										
Mailing Address			4	4	2022	\$	1,800.00			
City Lincoln	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
	NE	68508	Commu	nications I	nvoice #	4651				
To Whom Paid			мо	DAY	YEAR					
Bcom Solutions, LLC			no	2	/					
Mailing Address			4	4	2022	\$	3,000.00			
City Lincoln	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	NE	68508	Commu	nications I	nvoice #	4840				
To Whom Paid			мо	DAY	YEAR					
NGP VAN, Inc.			140							
failing Address		4	4	2022	\$	3,590.40				
City Washington State Zip Code (Plus 4)			s 4) Description of Expenditure							
DC 20005				DLCC1 April-June 2022						

To Whom Paid					DAY	YEAR				
Armah Fahnbulleh				мо						
Mailing Address					1	2022	\$	1,500.00		
City	Philadelphia	State	Zip Code (Plus 4) Descrip	tion of Exp	enditure	•			
		PA 19139 Professional Svs, Tr					easurer April-June 2022			
								PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	12,115.40		
4										