Campaign Finance Report

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

| Filer Identificati Number : | on 202 | 2C0444 | | | | Repo Filed | | : | CAI | NDII | NDIDATE COMMITTEE LOBBYIST | | | | | | | Т | |
|---|--------------------------------|-------------|-----------|----------------|---------|---------------|-------|--------------|---------------|--------|----------------------------|------|------------|--------------------|----------------|----------|--------|---------------|----------|
| Name of Filing C | ommittee, Candi | date or L | obby | vist: | | IOANI | IA N | 1CL | INTO | N | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | _ | | | | | | | | State | e: | | | | Zip Cod | e: 19 | 9143 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | | FRIDAY MARY | / PRE- | 2. | | 0 DA RIMA | | Р | POST- | 3. | | AMENDMI REPORT? | ENT | Yes | | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | | FRIDAY | / PRE | - 5.) | | 0 DA LECT | Y TION | Р | POST- | 6. | | TERMINAT REPORT? | TION | Yes | | No | / |
| report type) | ANNUAL REPOR | T 7. | Yea | ır 2022 | | | | | IG ME CHEC | | | | | PAPER | | \ | DIS | KETTE | |
| Name of Office S | ought by Candid | ate: | | | | | | | DAT | ΕO | F ELE | CT. | ION | District Number | Office Code | Pa | ty Co | de Cou Cod | |
| | | | | | | | | | МО | | DAY | | YEAR | 191 | STH | DEI | М | | |
| REPRESENTATI | VE IN THE GENE | :RAL ASS | SEMB | SLY | | | | | | 11 | | 8 | 2022 | | (SEE IN | STRUCTI | ONS FO | OR CODE | S) |
| Summary of | | МО | D | YAC | YEAR | | | | МО | | DAY | | YEAR | FOI | ROFFI | CE USE | ONL | Y | |
| Expenditures | from: | | 9 | 20 | 20 |)22 | TO |) | | 10 | | 24 | 2022 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | epor | t | | | | \$ | | | | | 0.00 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts | s (From | Sched | dule I) |) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available (Sum (|)f Lines A | and | В) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From Sc | hedule II | Ι) | | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | Fron | n Line (| E) | | | \$ | | | | 3 | ,131.30 | | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (I | From Sc | hedul | e II) | | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Sche | dule IV |) | | | \$ | | | | | 0.00 | | | | | | |
| | | | | | AFF: | IDAV | | SE | CTIC | NC | | | | | | | | | |
| PART I - If this is | | • | | | | | | | | | | | | =1 | | | | | |
| I swear (or affirm) correct and comple |) that this report, in ete. | cluding the | e atta | ched sch | edules | filed o | n pa | per o | or by e | electr | ronic m | ediu | ım, are to | the best of | my kno | wledge | and b | elief , t | rue |
| Sworn to and subs | cribed before me th day of | ıis | 20 | | | | | | | , | | | Signatur | e of Person | Submit | ting Re | ort | | _ |
| | Signat | ture | _ | | | | _ | | | | | | | Print | ed Name | • | | | _ |
| My Commission Ex | xpires | | | | | | | | | • | | | | Email | | | | | _ |
| | мо | D | AY | | YR | | | | | | Ar | ea C | Code | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a ca | ndidate's | auth | orized | Comm | ittee, | Can | dida | ate sł | nall s | sign h | ere | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowle | edge | and belie | ef this | politica | ıl co | mmi | ittee h | as no | ot viola | ted | any provi | sions of the | act of J | une 3,1 | 937 (1 | P.L. 133 | 33, |
| Sworn to and subsc | ribed before me thi day of | s | | | | | | | | | | | | Signature of | Candid | ate | | | - $ $ |
| | | | _ 20 _ | | | | _ | | | | | | | Printed | l Name | | | | - |
| My Commission Exp | Signature | | | | | | _ | | | | | | | Email | | | | | _ |
| , | ·- | | | | | | _ | | | | | | | | | | | | _ |
| | МО | D | AY | | YR | | | | | | Area | Cod | le | Da | ytime T | elephoi | ne Nui | nber | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|--------------|------------|
| JOANNA MCLINTON | From: | 9/20/2022 | <u>2</u> To: | 10/24/2022 |
| 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) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting |) Period | (3) | \$ | 0.00 |
| 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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

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 Candidate | | | Reporting | Period | | | |
|---------------------------------------|---------|-------------------|-----------|--------|------|----|--------|
| | | | From: | | То | : | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributing Co | mmittee | | 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.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| (Exclude | | m ponticui comi | | | 301 tCu | | ,,, | |
|-----------------------------|-----------|------------------|------------|-----------|---------|------|-----|------------|
| Name of Filing Committee or | Candidate | | Rep | oorting P | eriod | | | |
| | | | Fro | m: | | To |): | |
| | | | | | 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 Schedule I, Detailed Summary Page, Section 2.

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 | ame of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|--------------------------------------|----------|-------------|------------------|-----|------|----------|------------|------|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | 0 | 0.00 |
| Mailing Address | | | | | | | + | U | .00 |
| City | State | Zip Code | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.0 | 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 | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|--|---------------------------------------|---------------|----------|--------|------------------|------|-------|-----------------|--|--|
| Fre | | | | | From: To: | | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | | |
| Mailing Address | | | | | | | 1 | | | |
| City | State | Zip Code (Plu | s 4) | | | | | | | |
| Employer Name | | • | | Occupa | tion | | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip C | ode (Plus 4) | | |
| Enter Grand Total of Part C on Scho | dule I, Detailed S | Summary Page, | , Sectio | 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: | | |
| | | • | | E | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | ıs 4) | | | | | |
| Receipt Description | ' | | | | • | | <u> </u> | |
| Futor Curred Total of Doub | For Cabadula I Batailad | Summer Base Se | | 4 | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule 1, Detailed | Summary Page, Se | ection | 4. | | | \$ | 0.00 |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Perio | d | |
|--|-----------------|-----------------------------|------------|
| JOANNA MCLINTON | From: | <u>9/20/2022</u> To: | 10/24/2022 |
| 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) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Ca | Reporting Period | | | | | | |
|---|----------------------|------------------------|---------|----------|------|-------------|------------|
| | From: | | | | | | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | - \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | • | | • | | | | |
| | | | | | Г | | |
| Enter Grand Total of Part F of Section 2. | n Schedule II, In-Ki | nd Contributions Detai | led Sum | ımary Pa | ge, | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | | Period | | | | |
|---|---------------------------------------|------|------------------|--------|-------|--------------|-------|------|---------------------|------|
| | | | | | | | То: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | - | | | | | \$ | 0.00 |
| City | State | ; | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | ′ | State | e Zip | Code(Plus 4) | Descr | ript | ion of Contribution | on |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TOT | ΓAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|---|-------|-------------------|------------|------------------|----------|----|------------|--|--|
| | From | | | То: | | | | | |
| | | | | DATE | | | AMOUNT | | |
| To Whom Paid | | | | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| Enter Grand Total of Evnenditures on Page 1 Penert Cover Page Item D | | | | | | | PAGE TOTAL | | |
| inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | , . | | | \$ | 0.00 | | |