Campaign Finance Report

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

Filer Identification	on	20220	C0444				port ed B		CAN	CANDIDATE COMMITTEE LOBBYIST						BYIST			
Number: Filed By: OANNA E. MCCLINTON Solution Solu											•								
Street Address:																			
City:									State:	ł				Zip Code	: 19	143			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	30 DA PRIMA		Р	POST- 3.			AMENDME REPORT?	Yes	No		/				
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA ELECT		Р	OST-	6. X		TERMINAT REPORT?	ION	Yes	No		\
report type)	ANNUAL RE	EPORT	7.	Year 2022	2022 FILING METHO () CHECK ON								PAPER		√	DISKE	TTE		
Name of Office S	ought by Ca	andidat	e:						DATE	0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YE	AR	191	STH	DEN	1	•	
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBLY						11		8	2022	 	(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of I		and	МО	DAY	YEAR	R			МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 25	2	022	Т	0		11	2	28	2022						
A. Amount Bro	ught Forwar	rd From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribu	ıtions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	[)				\$					0.00						
E. Ending Cash	Balance (Su	ubtract	Line D	From Line C	2)			\$					0.00						
F. Value Of In-l	Kind Contrib	butions	Receive	ed (From Sc	hedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Oblig	ations ((From S	chedule IV)			\$					0.00		,				
					AFF	ΊD	AVI	T SE	CTIO	N									
PART I - If this is		•	•								•								
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sch	iedules	s file	d on	paper o	or by el	ectr	onic me	edium	are to	the best of	my know	ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before day of	me this		20								s	ignature	e of Person	Submitti	ing Rep	ort		
		Signatur	·e					- -						Printe	d Name				-
My Commission Ex		J.g.i.atai.	_							-				Email					-
	мо)	D/	ΑΥ	YR						Are	ea Cod	е	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted an	y provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											s	ignature of	Candida	te			-
	day of — —							-						Printed	Name				-
	Sigr	nature						-											_
My Commission Exp	ires													Email					
		мо	DA	AY	YR			-			Area	Code		Day	rtime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting	g Period						
JOANNA E. MCCLINTON	OANNA E. MCCLINTON From: 10/25/2022 To:							
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	J 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	g 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	J Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	g 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 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 Rej				Period			
		F	rom:		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.

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 Reporting Period										
			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			Reporting	Period					
			From:			То:			
				DA	TE		Þ	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							7	0.00	
City	State	Zip Cod	e (Plus 4)						
							•	PAGE TOTAL	
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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				Reporting Period					
Fr					From: To:				
							AMOUNT		
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip	

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Reporting Period						
				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							\neg		
City	State	Zip Code (I	Plus 4)						
Receipt Description	•	•			1	•	•		
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL	
Enter Grand Total of Part I	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 Per	od	
JOANNA E. MCCLINTON	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candid	Reporting Period						
	From: To:						
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			led Sum	mary Pag	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	Name of Filing Committee or Candidate				porting	g Period			
	From:								
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	•		•		Occu	pation			
Employer Mailing Address/Principal Pla	ice of Business	Cit	ty	Stat	e Zi	ip Code(Plus 4)	Descri	iptio	n of Contribution
Enter Grand Total of Part G on Sci	nedule II, In-K	ind	Contributions D	etaile	ed				PAGE TOTAL
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 Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		