Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	BER: 2024	4C0214	REPORT F	ILED ON BEHALF OF	: Candidate
NAME OF FILING COMMITTEE, CA	ANDIDATE OR LOBE	3YIST	JOANNA E. N	MCCLINTON	
STREET ADDRESS					
CITY		STATE		ZIP CODE	19143
TYPE OF REPORT 30-Day	Post-Primary				
NAME OF OFFICE SOUGHT BY	CANDIDATE	REPRESENT ASSEMBLY	TATIVE IN THE (GENERAL	
DISTRICT CODE 191			PAI	RTY CODE DEM	
DATE OF ELECTION	11/5/2024				
DATES OF REPORTING PERIOR	D	4/9/2024	то	5/13/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERM	MINATION REI	PORT? NO	
CASH BALANCE AT THE EN	D OF REPORTING	i	0.00		
TOTAL AMOUNT OF FILER'S	S OUTSTANDING		0.00		
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MY COMMISION EXPIRES

DAYTIME TELEPHONE NUMBER

PRINTED NAME

AREA CODE