

Campaign Finance Report

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

Filer Identification Number : 20150217		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: MCCLINTON, JOANNA FRIENDS OF							
Street Address:							
City: HARRISBURG				State: PA		Zip Code: 17106	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.
	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2021		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
				MO DAY YEAR			
				11 2 2021			
						(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	FOR OFFICE USE ONLY		
		3	30	2021			
A. Amount Brought Forward From Last Report							
B. Total Monetary Contributions And Receipts (From Schedule I)							
C. Total Funds Available (Sum Of Lines A and B)							
D. Total Expenditures (From Schedule III)							
E. Ending Cash Balance (Subtract Line D From Line C)							
F. Value Of In-Kind Contributions Received (From Schedule II)							
G. Unpaid Debts And Obligations (From Schedule IV)							

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From: <u>3/30/2021</u> To: <u>5/3/2021</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)	\$ 0.00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 11,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 11,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 11,600.00
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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:		To:	
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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 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)**

Name of Filing Committee or Candidate	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From: <u>3/30/2021</u> To: <u>5/3/2021</u>

DATE				AMOUNT
Full Name of Contributor				
Ursula Korneitchouk Pod				
Mailing Address				
City Cleveland	State OH	Zip Code (Plus 4) 44106	MO 4 DAY 16 YEAR 2021	\$ 100.00

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

PAGE TOTAL
\$ 100.00

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 MCCLINTON, JOANNA FRIENDS OF	Reporting Period From: <u>3/30/2021</u> To: <u>5/3/2021</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,500.00
Daune Morris LLP Government				4	5	2021	
Mailing Address							
City Philadelphia	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
Pennsylvania Seiu Cope				4	5	2021	
Mailing Address							
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
Saul Ewing Arnstein & Lehr LLP				4	5	2021	
Mailing Address							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191020000					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,500.00
Pennsylvania SFA PAC				4	16	2021	
Mailing Address							
City Media	State PA	Zip Code (Plus 4) 19063					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
Pennsylvania Academy Of Family Physicians, PAC				4	16	2021	
Mailing Address							
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 5,000.00
REAL JUSTICE PAC				4	22	2021	
Mailing Address							
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94110					

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

PAGE TOTAL
\$ 11,500.00

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.)**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

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

PAGE TOTAL	
\$	0.00

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 Candidate	Reporting Period From: To:
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			DATE	AMOUNT		
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>3/30/2021</u> To: <u>5/3/2021</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description 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	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From <u>3/30/2021</u> To: <u>5/3/2021</u>

				DATE	AMOUNT			
To Whom Paid NGP VAN, Inc.				MO	DAY	YEAR	\$ 1,406.40	
Mailing Address				4	10	2021		
City	Washington	State	DC	Zip Code (Plus 4)	20005			Description of Expenditure April -June DLCC1 Invoice
To Whom Paid M F Strategies, LLC				MO	DAY	YEAR	\$ 4,802.50	
Mailing Address				5	3	2021		
City	Harrisburg	State	PA	Zip Code (Plus 4)	17108			Description of Expenditure Feb Retainer and Reimbursement inv#1535
To Whom Paid M F Strategies, LLC				MO	DAY	YEAR	\$ 4,566.37	
Mailing Address				5	3	2021		
City	Harrisburg	State	PA	Zip Code (Plus 4)	17108			Description of Expenditure Mar Retainer and Reimbursement inv#1536
To Whom Paid M F Strategies, LLC				MO	DAY	YEAR	\$ 5,105.60	
Mailing Address				5	3	2021		
City	Harrisburg	State	PA	Zip Code (Plus 4)	17108			Description of Expenditure Apr Retainer and Reimbursement inv#1537
To Whom Paid Friends Of Judge Dumas For Commonwealth				MO	DAY	YEAR	\$ 1,000.00	
Mailing Address				4	30	2021		
City	Philadelphia	State	PA	Zip Code (Plus 4)	19107			Description of Expenditure Donation
To Whom Paid Friends of Paige Cognetti				MO	DAY	YEAR	\$ 500.00	
Mailing Address				4	30	2021		
City	Scranton	State	PA	Zip Code (Plus 4)	18502			Description of Expenditure Donation

To Whom Paid Family and Friends of Janet Diaz			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	30	2021	
City Lancaster	State PA	Zip Code (Plus 4) 17601	Description of Expenditure Donation			

To Whom Paid Friends of Wendi Barish			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	30	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19106	Description of Expenditure Donation			

To Whom Paid Friends of Marty Flynn			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			4	30	2021	
City Scranton	State PA	Zip Code (Plus 4) 18504	Description of Expenditure Donation			

To Whom Paid Joanna McClinton			MO	DAY	YEAR	\$ 431.21
Mailing Address			4	30	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Reimbursemt Purchased of zoom & Pittsburgh Trip Visit with Potus			

To Whom Paid Community Solutions, CDC			MO	DAY	YEAR	\$ 200.00
Mailing Address			4	12	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Donation			

To Whom Paid Friends of Rohan Hepkins			MO	DAY	YEAR	\$ 200.00
Mailing Address			4	12	2021	
City Yeadon	State PA	Zip Code (Plus 4) 19050	Description of Expenditure Donation			

To Whom Paid Building Back A Better Yeadon, PAC			MO	DAY	YEAR	\$ 200.00
Mailing Address			4	12	2021	
City Lansdowne	State PA	Zip Code (Plus 4) 19050	Description of Expenditure Donation			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 19,912.08

