

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. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | <input checked="" type="checkbox"/> | No | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. X | TERMINATION REPORT? | Yes | | No | <input checked="" type="checkbox"/> | |
| | ANNUAL REPORT | 7. | Year 2020 | | FILING METHOD () CHECK ONE | | PAPER | <input checked="" type="checkbox"/> | DISKETTE | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY | | | | | | MO | DAY | YEAR | 191 | STH | DEM | 51 |
| | | | | | | 11 | 3 | 2020 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 10 | 20 | 2020 | | 11 | 23 | 2020 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ | | 22,326.41 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ | | 12,450.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ | | 34,776.41 | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ | | 14,644.01 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ | | 20,132.40 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ | | 0.00 | | | | |

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

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

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

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

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>10/20/2020</u> To: <u>11/23/2020</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) | \$ 950.00 |
| All Other Contributions (Part B) | \$ 0.00 |
| TOTAL for the Reporting Period (2) | \$ 950.00 |

| | |
|---|--------------|
| 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.) | \$ 12,450.00 |
|---|--------------|

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 MCCLINTON, JOANNA FRIENDS OF | Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u> | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table> | | DATE | AMOUNT |
| DATE | AMOUNT | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee Philadelphia Council of AFL CIO | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address | | | 10 | 28 | 2020 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19103 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee Committee To Elect Eddie Day Pashinski | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | 10 | 28 | 2020 | |
| City Forty Fort | State PA | Zip Code (Plus 4) 18704 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee PA Public Education Pac | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | 10 | 28 | 2020 | |
| City Mechanicsburg | State PA | Zip Code (Plus 4) 17050 | | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee INDEPENDENCE BLUE CROSS PAC (IBC PAC) | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | 10 | 28 | 2020 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191031480 | | | | |

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

| |
|------------------------------------|
| PAGE TOTAL \$ 950.00 |
|------------------------------------|

| | |
|---------------------------------------|------------------|
| 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) | | | | | |

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

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 0.00 |

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 | Reporting Period |
| MCCLINTON, JOANNA FRIENDS OF | From: <u>10/20/2020</u> To: <u>11/23/2020</u> |

| | | | | DATE | | AMOUNT | |
|---|--------------|-------|-------------------|------|-----|--------|------------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$500.00 |
| ABBOTT LABORATORIES EMPL PAC (AEPAC) | | | | 10 | 23 | 2020 | |
| Mailing Address | | | | | | | |
| City | ABBOTT PARK | State | Zip Code (Plus 4) | | | | |
| | | IL | 600646028 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$500.00 |
| TRIAD STRATEGIES PA PAC | | | | 10 | 23 | 2020 | |
| Mailing Address | | | | | | | |
| City | HARRISBURG | State | Zip Code (Plus 4) | | | | |
| | | PA | 17101 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$500.00 |
| COMCAST CORP & NBCUNIVERSAL PAC - USA | | | | 10 | 23 | 2020 | |
| Mailing Address | | | | | | | |
| City | PHILADELPHIA | State | Zip Code (Plus 4) | | | | |
| | | PA | 191030000 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$3,000.00 |
| Pennsynvia Sierra Club, PAC | | | | 10 | 23 | 2020 | |
| Mailing Address | | | | | | | |
| City | HARRISBURG | State | Zip Code (Plus 4) | | | | |
| | | PA | 17101 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$1,000.00 |
| Altria Group, Inc | | | | 10 | 23 | 2020 | |
| Mailing Address | | | | | | | |
| City | WASHINGTON | State | Zip Code (Plus 4) | | | | |
| | | DC | 20001 | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$1,000.00 |
| BRICKLAYERS/ALLIED CRAFTWORKERS - Local 1 PA/DE | | | | 11 | 1 | 2020 | |
| Mailing Address | | | | | | | |
| City | Philadelphia | State | Zip Code (Plus 4) | | | | |
| | | PA | 19154 | | | | |

| | | | | | | |
|---|-------------|---------------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee ENTERPRISE HOLDINGS, INC PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 11 | 3 | 2020 | |
| City ST LOUIS | State MO | Zip Code (Plus 4) 63105-0000 | | | | |

| | | | | | | |
|---|-------------|----------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee THE AFFORDABLE EDUCATION PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 11 | 3 | 2020 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17112 | | | | |

| | | | | | | |
|---|-------------|----------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee UnitedHealth Group | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 11 | 3 | 2020 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | | | | |

| | | | | | | |
|--|-------------|----------------------------|----|-----|------|-------------|
| Full Name of Contributing Committee Friends of Mike Carroll | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | 10 | 23 | 2020 | |
| City Avoca | State PA | Zip Code (Plus 4) 18641 | | | | |

| | | | | | | |
|---|-------------|----------------------------|----|-----|------|-------------|
| Full Name of Contributing Committee Milton Schneider | | | MO | DAY | YEAR | \$ 2,500.00 |
| Mailing Address | | | 10 | 23 | 2020 | |
| City Bryn Mawr | State PA | Zip Code (Plus 4) 19010 | | | | |

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 |
| Mailing Address | | | YEAR | \$ 0.00 |
| 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: |
|---------------------------------------|--|

| | | | 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>10/20/2020</u> To: <u>11/23/2020</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: |
|---------------------------------------|--|

| | | | 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 |

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SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| MCCLINTON, JOANNA FRIENDS OF | From <u>10/20/2020</u> To: <u>11/23/2020</u> |

| DATE | | | | AMOUNT |
|---|-----------------|--------------------------------|--|--------------|
| To Whom Paid | MO | DAY | YEAR | |
| USPS | | | | |
| Mailing Address | 10 | 22 | 2020 | \$ 6.95 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19139 | Description of Expenditure Certified Mail Cycle 5 | |
| To Whom Paid | MO | DAY | YEAR | |
| USPS | | | | |
| Mailing Address | 10 | 31 | 2020 | \$ 168.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19139 | Description of Expenditure Annual Mailbox Rental Fees | |
| To Whom Paid | MO | DAY | YEAR | |
| HDCC | | | | |
| Mailing Address | 10 | 31 | 2020 | \$ 10,000.00 |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Donation | |
| To Whom Paid | MO | DAY | YEAR | |
| Strassheim Graphic Design & Press Corp. | | | | |
| Mailing Address | 10 | 26 | 2020 | \$ 158.76 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19130 | Description of Expenditure Print Production/ Color Signs | |
| To Whom Paid | MO | DAY | YEAR | |
| Strassheim Graphic Design & Press Corp. | | | | |
| Mailing Address | 10 | 31 | 2020 | \$ 158.76 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19130 | Description of Expenditure Print Production/ Color Signs | |
| To Whom Paid | MO | DAY | YEAR | |
| Tyrone Sims | | | | |
| Mailing Address | 10 | 31 | 2020 | \$ 250.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19143 | Description of Expenditure Posting Flyers | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|------------------|
| To Whom Paid Joanna McClinton | | | MO | DAY | YEAR | \$ 520.20 |
| Mailing Address | | | 10 | 26 | 2020 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19139 | Description of Expenditure Reimbursement | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|--------------------|
| To Whom Paid MFStrategies, LLC | | | MO | DAY | YEAR | \$ 1,868.34 |
| Mailing Address | | | 10 | 21 | 2020 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Monthly Retainer & Reimbursements | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|--------------------|
| To Whom Paid MFStrategies, LLC | | | MO | DAY | YEAR | \$ 1,500.00 |
| Mailing Address | | | 11 | 17 | 2020 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure Monthly Retainer | | | |

| | | | | | | |
|---------------------------------|--------------------|-----------------------------------|--|------------|-------------|-----------------|
| To Whom Paid T D Bank | | | MO | DAY | YEAR | \$ 13.00 |
| Mailing Address | | | 10 | 30 | 2020 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19102 | Description of Expenditure Monthly Bank Fees | | | |

| | | | | | | |
|--|--|--|--|--|--|---------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 14,644.01 |

