

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: PO BOX 60122											
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. X	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	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	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	
		5	19	2020			6	22	2020		
A. Amount Brought Forward From Last Report					\$		51,952.93				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		3,900.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		55,852.93				
D. Total Expenditures (From Schedule III)					\$		9,260.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		46,592.93				
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

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>5/19/2020</u> To: <u>6/22/2020</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)	\$ 500.00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 600.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 3,300.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,300.00

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.)	\$ 3,900.00
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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 MCCLINTON, JOANNA FRIENDS OF	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</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 Pennsylvania Cemetery, Cremation & Funeral Association			MO	DAY	YEAR	\$ 250.00
Mailing Address 3051 Green Pond Road			6	4	2020	
City Easton	State PA	Zip Code (Plus 4) 18045				

Full Name of Contributing Committee SCHOOL NURSE PAC			MO	DAY	YEAR	\$ 125.00
Mailing Address 3343 STONEHOUSE COURT			6	4	2020	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017				

Full Name of Contributing Committee PENN HY-PAC (PA DENTAL HYGIENISTS)			MO	DAY	YEAR	\$ 125.00
Mailing Address 157 DELMONT AVE			6	4	2020	
City WARMINSTER	State PA	Zip Code (Plus 4) 18974-3773				

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

PAGE TOTAL
\$ 500.00

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>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Josephine Blow				
Mailing Address 5424 Checter Ave				\$ 100.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143	6 4 2020	

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>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
Penn Osteopathic Med				6	4	2020
Mailing Address 1330 Eisenhower Blvd						
City HARRISBURG	State PA	Zip Code (Plus 4) 17111				
Full Name of Contributing Committee				MO	DAY	YEAR
Represent PAC				6	4	2020
Mailing Address 1735 Market Street Ste A480						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee				MO	DAY	YEAR
BUCHANAN INGERSOLL& ROONEY COM EFF STATE GVT				6	4	2020
Mailing Address ONE OXFD CTR 501GRANT ST 20 FL						
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219-1410				
Full Name of Contributing Committee				MO	DAY	YEAR
K & L Gates. LLP				6	4	2020
Mailing Address 210 6TH Ave						
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222				

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

PAGE TOTAL
\$ 3,300.00

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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

			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>5/19/2020</u> To: <u>6/22/2020</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 RECIEVED - 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>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
M F Strategies, LLC				
Mailing Address P O Box 439	5	20	2020	\$ 1,500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Monthly Retainer/May 2020	
To Whom Paid	MO	DAY	YEAR	
M F Strategies, LLC				
Mailing Address P O Box 439	6	20	2020	\$ 1,500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Monthly Retainer/June 2020	
To Whom Paid	MO	DAY	YEAR	
Joanna McClinton				
Mailing Address PO Box 16668	6	5	2020	\$ 2,200.00
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Reimbursement/3rd Ward Reelection Campaign	
To Whom Paid	MO	DAY	YEAR	
Committee to Elect Darisha K. Parker				
Mailing Address 7715 Crittenden Street Ste 3900	5	28	2020	\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19118	Description of Expenditure Donation	
To Whom Paid	MO	DAY	YEAR	
Green For Safe & Accountable Communities				
Mailing Address 3131 Spangler Street	5	28	2020	\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Donation	
To Whom Paid	MO	DAY	YEAR	
Sims4PA Pac				
Mailing Address 505 South Sartain Street	5	21	2020	\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19147	Description of Expenditure Donation	

To Whom Paid Citizens For Jake Wheatley			MO	DAY	YEAR	\$ 500.00
Mailing Address P O Box 53044			5	21	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15219	Description of Expenditure Donation			

To Whom Paid Democratic City Committee			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 219 Spring Garden Street			5	21	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19123	Description of Expenditure Donation			

To Whom Paid Chadderdon Lestingi Creative Strategies			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 901 North Washington Street #320			5	21	2020	
City Alexandria	State VA	Zip Code (Plus 4) 22314	Description of Expenditure Production& Design/Logo/Prospectus Package			

To Whom Paid Priya Ahmad			MO	DAY	YEAR	\$ 60.00
Mailing Address 405 East Gowen Ave			5	21	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Expenditure Graphic Design/Happy Hour Fund Raising			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 9,260.00

