### **Campaign Finance Report**

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

| Filer Identificati<br>Number :  | <b>on</b> 201                  | 50217       |                         | Report CANDIDATE COMMITTEE LOBBYIST Filed By: |        |             |                |                    |           |        |            |                    |                |              |           |          |          |
|---|--------------------------------|-------------|-------------------------|---|--------|-------------|----------------|--------------------|-----------|--------|------------|--------------------|----------------|--------------|-----------|----------|----------|
| Name of Filing C  | ommittee, Candi                | date or L   | obbyist:                | Ī   | MCC    | LIN         | TON,           | JOANNA             | FRIEN     | DS C   | F          |                    |                |              |           |          |          |
| Street Address:   |                                |             |                         |   |        |             |                |                    |           |        |            |                    |                |              |           |          |          |
| City:   | HARRISBUR                      | G           |                         |   |        |             |                | State:             | PA        |        |            | Zip Cod            | de: 17         | 7106         |           |          |          |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRIDAY F<br>PRIMARY | PRE-  | . 2    | 2. <b>X</b> | 30 DA<br>PRIMA |                    | POST-     | 3.     |            | AMENDM<br>REPORT   |                | Yes          | No        |          |          |
| (place X to<br>the right of   | 6TH TUESDAY<br>PRE-ELECTION    | 4.          | 2ND FRIDAY<br>ELECTION  | PRE   | - 5    | 5.          | 30 DA<br>ELECT | '                  | POST-     | 6.     |            | TERMINA<br>REPORT  |                | Yes          | No        |          | <b>/</b> |
| report type)  | ANNUAL REPOR                   | 7.          | <b>Year</b> 2020        |   |        |             |                | IG METH<br>CHECK O |           |        |            | PAPER              |                | $\checkmark$ | DISKE     | TTE      |          |
| Name of Office S  | ought by Candid                | ate:        |                         |   |        |             |                | DATE C             | F ELE     | СТІО   | N          | District<br>Number | Office<br>Code | Par          | ty Code   | Coun     |          |
|   |                                |             |                         |   |        |             |                | МО                 | DAY       | YE     | AR         | 191                | STH            | DEN          | 1         | 51       |          |
| REPRESENTATI  | VE IN THE GENE                 | RAL ASS     | EMBLY                   |   |        |             |                | 11                 |           | 3      | 2020       |                    | (SEE IN        | STRUCTI      | ONS FOR ( | CODES    | )        |
| Summary of Receipts and MO DAY YEAR MO DAY YEAR FOR OFFICE USE ONLY         |                                |             |                         |   |        |             |                |                    |           |        |            |                    |                |              |           |          |          |
| Expenditures  | from:                          |             | 1 1                     | 20  | 020    | Т           | 0              | 5                  | 5         | 18     | 2020       |                    |                |              |           |          |          |
| A. Amount Bro   | ught Forward Fro               | m Last R    | eport                   |   |        |             | \$             | -                  |           | 53,9   | 976.80     |                    |                |              |           |          |          |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 23,525.00 |                                |             |                         |   |        |             |                |                    |           |        |            |                    |                |              |           |          |          |
| C. Total Funds Available (Sum Of Lines A and B) \$ 77,501.80                |                                |             |                         |   |        |             |                |                    |           |        |            |                    |                |              |           |          |          |
| D. Total Expend   | ditures (From Sc               | hedule II   | I)                      |   |        |             | \$             |                    |           | 25,5   | 48.87      |                    |                |              |           |          |          |
| E. Ending Cash  | Balance (Subtra                | ct Line D   | From Line C)            |   |        |             | \$             |                    |           | 51,9   | 52.93      |                    |                |              |           |          |          |
| F. Value Of In-   | Kind Contributio               | ıs Receiv   | ed (From Sche           | edul  | e II)  | )           | \$             |                    |           |        | 0.00       |                    |                |              |           |          |          |
| G. Unpaid Debt  | s And Obligation               | s (From S   | Schedule IV)            |   |        |             | \$             |                    |           |        | 0.00       |                    |                |              |           |          |          |
|   |                                |             | Α                       | \FF   | IDA    | VI          | T SE           | CTION              |           |        |            |                    |                |              |           |          |          |
| PART I - If this is   |                                |             | -                       |   |        |             |                |                    |           |        | _          |                    |                |              |           |          |          |
| I swear (or affirm) correct and complete                                    | ) that this report, in<br>ete. | cluding the | attached sched          | lules   | filed  | l on        | paper o        | or by elect        | tronic m  | edium  | , are to t | the best o         | f my kno       | wledge       | and beli  | ef , trı | ıe.      |
| Sworn to and subs   | cribed before me th<br>day of  | is          | 20                      |   |        |             |                |                    |           | s      | ignature   | of Perso           | n Submit       | ting Rep     | oort      |          | -        |
|   | Signat                         | ure         |                         |   |        |             | -              |                    |           |        |            | Prin               | ted Name       | •            |           |          | -        |
| My Commission Ex  | rpires                         |             |                         |   |        |             |                |                    |           |        |            | Ema                | il             |              |           |          | _        |
|   | МО                             | D.          | AY                      | YR  |        |             |                |                    | Are       | ea Cod | le         | Daytin             | ie Teleph      | one Nu       | mber      |          |          |
| Part II- If this is   | a report of a ca               | ndidate's   | authorized Co           | mm  | ittee  | e, C        | andida         | ate shall          | sign h    | ere.   |            |                    |                |              |           |          |          |
| I swear (or affirm)<br>No 320) as amende                                    |                                | my knowle   | edge and belief         | this  | politi | ical        | commi          | ittee has r        | not viola | ted an | y provis   | ions of th         | e act of J     | une 3,1      | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc  | ribed before me thi<br>day of  | s           | 20                      |   |        |             |                |                    |           |        | s          | ignature (         | of Candid      | ate          |           |          | -        |
|   | <u> </u>                       |             |                         |   |        |             | -              |                    |           |        |            | Printe             | d Name         |              |           |          | -        |
| My Commission Exp   | Signature                      |             |                         |   |        |             | -              |                    |           |        |            | Ema                | il             |              |           |          | -        |
| , commission Exp  |                                |             |                         |   |        |             |                |                    |           |        |            |                    |                |              |           |          | ╻┃       |
|   | МО                             | D           | AY                      | YR  |        |             |                |                    | Area      | Code   |            | D                  | aytime T       | elephor      | ne Numb   | er       |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate   | Reporting | Period  |              |           |
|---|-----------|---------|--------------|-----------|
| MCCLINTON, JOANNA FRIENDS OF  | From:     | 1/1/202 | <u>0</u> To: | 5/18/2020 |
| 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)  |           |         | \$           | 275.00    |
| TOTAL for the Reporting   | Period    | (2)     | \$           | 775.00    |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)  |           |         |              |           |
| Contributions Received From Political Committees (Part C)   |           |         | \$           | 22,750.00 |
| All Other Contributions (Part D)  |           |         | \$           | 0.00      |
| TOTAL for the Reporting   | Period    | (3)     | \$           | 22,750.00 |
| 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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1 |           |         | \$           | 23,525.00 |

#### **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 Committe                          | Name of Filing Committee or Candidate |  |      | Period |            |           |        |
|--|---------------------------------------|--|------|--------|------------|-----------|--------|
| MCCLINTON, JOANNA F                              | RIENDS OF                             | F                                      | rom: | 1/1/20 | : <u>!</u> | 5/18/2020 |        |
|  |                                       | DATE                                   |      | AM     | IOUNT      |           |        |
| Full Name of Contributing PA INSURANCE PAC (PIPA |                                       |  | МО   | DAY    | YEAR       |           |        |
| Mailing Address                                  |                                       |  | 4    | 21     | 2020       | \$        | 250.00 |
| City PHILADELPHIA                                | State<br>PA                           | <b>Zip Code (Plus 4)</b><br>19103-0000 |      | 21     | 2020       |           |        |
| Full Name of Contributing                        |                                       |  | МО   | DAY    | YEAR       |           |        |
| HEALTH PARTNERS PLANS                            | 5 PAC                                 |  |      |        |            |           | 250.00 |
| Mailing Address  City PHILADELPHIA               | State<br>PA                           | <b>Zip Code (Plus 4)</b><br>19107      | 2    | 28     | 2020       | <b>\$</b> | 230.00 |

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

**PAGE TOTAL** 500.00

### 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)

| Nan                      | ne of Filing Committee or Candida | te    |                  | Rep | porting Po | eriod |                 |            |            |
|--------------------------|-----------------------------------|-------|------------------|-----|------------|-------|-----------------|------------|------------|
| MC                       | CLINTON, JOANNA FRIENDS OF        |       |                  | Fro | m:         | 1/1/  | 2020 <b>T</b> o | <b>)</b> : | 5/18/2020  |
|                          |                                   |       |                  |     |            | DATE  |                 |            | AMOUNT     |
| Full Na                  | ame of Contributor                |       |                  |     | мо         | DAY   | YEAR            |            |            |
| Madel                    | eine F. Pierucci                  |       |                  |     |            |       |                 |            |            |
| Mailin                   | g Address                         |       |                  |     |            |       |                 | \$         | 25.00      |
| City                     | PHILADELPHIA                      | State | Zip Code (Plus 4 | )   | 1          | 24    | 2020            |            |            |
|                          |                                   | PA    | 19103            |     |            |       |                 |            |            |
| Full Name of Contributor |                                   |       |                  | мо  | DAY        | YEAR  |                 |            |            |
| Ronda                    | abay Liggins                      |       |                  |     |            |       |                 |            |            |
| Mailin                   | g Address                         |       |                  |     |            |       |                 | \$         | 50.00      |
| City                     | PHILADELPHIA                      | State | Zip Code (Plus 4 | )   | 2          | 1     | 2020            |            |            |
|                          |                                   | PA    | 19151            |     |            |       |                 |            |            |
| Full Na                  | ame of Contributor                |       |                  |     | мо         | DAY   | YEAR            |            |            |
| France                   | es Conwell                        |       |                  |     | 1-10       | DAI   | ILAK            |            |            |
| Mailin                   | g Address                         |       |                  |     |            |       |                 | \$         | 100.00     |
| City                     | PHILADELPHIA                      | State | Zip Code (Plus 4 | )   | 3          | 9     | 2020            |            |            |
|                          |                                   | PA    | 19131            |     |            |       |                 |            |            |
| Full Na                  | ame of Contributor                |       |                  |     | мо         | DAY   | YEAR            |            |            |
| Charle                   | es E. Corpening                   |       |                  |     | MO         | DAT   | TEAR            |            |            |
| Mailin                   | g Address                         |       |                  |     |            |       |                 | \$         | 100.00     |
| City                     | Newtown                           | State | Zip Code (Plus 4 | )   | 4          | 4     | 2020            |            |            |
|                          |                                   | PA    | 18940            |     |            |       |                 |            |            |
|                          | _                                 |       |                  |     |            |       |                 |            | DAGE TOTAL |

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

**PAGE TOTAL \$** 275.00

#### **PART C**

### **Contributions Received From Political Committees**

Name of Filing Committee or Candidate

**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.

Reporting Period

|   |       |         |            | ,    |                |       |   |
|---|-------|---------|------------|------|----------------|-------|---|
| MCCLINTON, JOANNA FRIENDS OF            |       |         | From:      | 1/   | <u>/1/2020</u> | То:   | 5/18/2020                               |
|   |       |         |            | DA   | TE             |       | AMOUNT                                  |
| Full Name of Contributing Committee     |       |         |            | мо   | DAY            | YEAR  |   |
| PNC PAC                                 |       |         |            | 1.0  | 5,11           | 12711 | <b>\$</b> 1,000.00                      |
| Mailing Address                         |       |         |            | 3    | 9              | 2020  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| City WASHINGTON                         | State | Zip Cod | e (Plus 4) |      |                | 2020  |   |
|   | DC    | 20006   |            |      |                |       |   |
| Full Name of Contributing Committee     | -     | -       |            | МО   | DAY            | YEAR  |   |
| Pennsylvania Society of Anesthesiologis | t     |         |            | 1.0  | 5711           | 12711 | <b>\$</b> 1,000.00                      |
| Mailing Address                         |       |         |            | 3    | 9              | 2020  | ·                                       |
| City Media                              | State | Zip Cod | e (Plus 4) |      |                | 2020  |   |
|   | PA    | 19063   |            |      |                |       |   |
| Full Name of Contributing Committee     |       |         |            | мо   | DAY            | YEAR  |   |
| APSCUP CAP -PA                          |       |         |            |      |                |       | <b>\$</b> 500.00                        |
| Mailing Address                         |       |         |            | 1    | 24             | 2020  |   |
| City HARRISBURG                         | State | Zip Cod | e (Plus 4) | _    |                | 2020  |   |
|   | PA    | 17101   |            |      |                |       |   |
| Full Name of Contributing Committee     |       |         |            | МО   | DAY            | YEAR  |   |
| PAA-PAC                                 |       |         |            |      |                |       | <b>\$</b> 1,000.00                      |
| Mailing Address                         |       |         |            | 1    | 24             | 2020  |   |
| City HARRISBURG                         | State | Zip Cod | e (Plus 4) |      |                |       |   |
|   | PA    | 17105   |            |      |                |       |   |
| Full Name of Contributing Committee     |       |         | ·          | мо   | DAY            | YEAR  |   |
| PA MEDICAL PAC (PAM PAC)                |       |         |            | 1.0  | 5711           | 12711 | <b>\$</b> 500.00                        |
| Mailing Address                         |       |         |            | 1    | 24             | 2020  |   |
| City HARRISBURG                         | State | Zip Cod | e (Plus 4) | _    |                | 2020  |   |
|   | PA    | 17105   |            |      |                |       |   |
| Full Name of Contributing Committee     |       |         |            | МО   | DAY            | YEAR  |   |
| FRATERNAL ORDER OF POLICE LODGE !       | 5     |         |            | 1.10 |                | ILAR  | <b>\$</b> 500.00                        |
| Mailing Address                         |       |         |            | 1    | 24             | 2020  |   |
| City PHILADELPHIA                       | State | Zip Cod | e (Plus 4) |      |                | 2020  |   |
|   | PA    | 19154   |            |      |                |       |   |

|   |  |                    |                                   |           |               |                  | 17.02 0          |      |
|---|--|--------------------|-----------------------------------|-----------|---------------|------------------|------------------|------|
| Full N                                    | lame of Contributing Committee                     |                    |                                   | МО        | DAY           | YEAR             |                  |      |
| PHIL                                      | A FOOD PAC   |                    |                                   | 1-10      | DAI           | ILAK             | <b>s</b> 50      | 0.00 |
| Maili                                     | ng Address   |                    |                                   | 1         | 24            | 2020             | ]                |      |
| City                                      | CAMP HILL  | State              | Zip Code (Plus 4)                 | ]         |               | 2020             |                  |      |
|   |  | PA                 | 17001-0870                        |           |               |                  |                  |      |
| Full N                                    | lame of Contributing Committee                     | -                  |                                   | мо        | DAY           | YEAR             |                  |      |
| NISO                                      | URCE INC PAC                                       |                    |                                   | 110       | 5711          | 12/11            | <b>s</b> 50      | 0.00 |
| Mailir                                    | ng Address   |                    |                                   | 1         | 24            | 2020             |                  |      |
| City                                      | COLUMBUS   | State              | Zip Code (Plus 4)                 | _         |               | 2020             |                  |      |
|   |  | ОН                 | 43215                             |           |               |                  |                  |      |
| Full N                                    | lame of Contributing Committee                     |                    |                                   | МО        | DAY           | YEAR             |                  |      |
| The F                                     | Pennsylvania Insurance Pac                         |                    |                                   | 110       | 5711          | 12/11            | <b>s</b> 50      | 0.00 |
| Mailir                                    | ng Address   |                    |                                   | 1         | 24            | 2020             |                  |      |
| City                                      | PHILADELPHIA                                       | State              | Zip Code (Plus 4)                 | ] -       |               | 2020             |                  |      |
|   |  | PA                 | 19103                             |           |               |                  |                  |      |
| Full Name of Contributing Committee       |  |                    |                                   |           | DAY           | YEAR             |                  |      |
| LOCAL 0690 PLUMBERS UNION POL ACTION FUND |  |                    |                                   |           |               |                  | \$ 1,00          | 0.00 |
| Mailing Address                           |  |                    | 1                                 | 24        | 2020          |                  |                  |      |
| City                                      | PHILADELPHIA                                       | State              | Zip Code (Plus 4)                 | _         |               | 2020             |                  |      |
|   |  | PA                 | 19154                             |           |               |                  |                  |      |
| Full N                                    | lame of Contributing Committee                     |                    |                                   | МО        | DAY           | YEAR             |                  |      |
| AFSC                                      | ME COUNCIL 13 POL & LEG ACCT                       |                    |                                   | 140       | DAI           | ILAK             | <b>\$</b> 50     | 0.00 |
| Maili                                     | ng Address   |                    |                                   | 1         | 28            | 2020             | ]                |      |
| City                                      | HARRISBURG   | State              | Zip Code (Plus 4)                 | ] •       |               | 2020             |                  |      |
|   |  | PA                 | 17111                             |           |               |                  |                  |      |
| Full N                                    | lame of Contributing Committee                     |                    |                                   | мо        | DAY           | YEAR             |                  |      |
| TROC                                      | OPER ASSN PAC (TAP)                                |                    |                                   | 1-10      | DAI           | ILAK             | <b>\$</b> 50     | 0.00 |
| Maili                                     | ng Address   |                    |                                   | 2         | 3             | 2020             |                  |      |
| City                                      | HARRISBURG   | State              | Zip Code (Plus 4)                 | ] -       |               | 2020             |                  |      |
|   |  | PA                 | 17110-9439                        |           |               |                  |                  |      |
| Full N                                    | lame of Contributing Committee                     |                    | -                                 | МО        | DAY           | YEAR             |                  |      |
| Freed                                     | dom Credit Union                                   |                    |                                   | 140       | DAI           | ILAK             | <b>]</b> \$ 1,75 | 0.00 |
| Mailir                                    | ng Address   |                    |                                   | 1         | 30            | 2020             | ]                | 0.00 |
| City                                      | Warminster   | State              | Zip Code (Plus 4)                 | ]         | 30            | 2020             |                  |      |
|   |  | PA                 | 18974                             |           |               |                  |                  |      |
|   | ull Name of Contributing Committee                 |                    |                                   |           |               |                  |                  |      |
| Full N                                    | lame of Contributing Committee                     |                    |                                   | МО        | DAY           | VEAD             |                  |      |
|   | lame of Contributing Committee<br>sylvania SFA PAC |                    |                                   | МО        | DAY           | YEAR             | <b>\$</b> 1.00   | 0.00 |
| Penn                                      |  |                    |                                   |           |               |                  | \$ 1,00          | 0.00 |
| Penn                                      | sylvania SFA PAC                                   | State              | Zip Code (Plus 4)                 | <b>MO</b> | <b>DAY</b> 30 | <b>YEAR</b> 2020 | \$ 1,00          | 0.00 |
| Penn:                                     | sylvania SFA PAC<br>ng Address                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19063 |           |               |                  | \$ 1,00          | 0.00 |

|                         |                                 |          |                   |           |               |                  |          | PAGE 7   |
|-------------------------|---------------------------------|----------|-------------------|-----------|---------------|------------------|----------|----------|
| Full N                  | lame of Contributing Committee  |          |                   | мо        | DAY           | YEAR             |          |          |
| BRAV                    | O PAC (SG PAC)                  |          |                   | MO        | DAI           | ILAK             | \$       | 500.00   |
| Mailir                  | ng Address                      |          |                   | 1         | 23            | 2020             | ]        | 300.00   |
| City                    | HARRISBURG                      | State    | Zip Code (Plus 4) | ]         | 25            | 2020             |          |          |
|                         |                                 | PA       | 17101             |           |               |                  |          |          |
| Full N                  | lame of Contributing Committee  |          |                   | мо        | DAY           | YEAR             |          |          |
| Frien                   | ds Of Matt Bradford             |          |                   |           |               |                  | \$       | 2,500.00 |
| Mailir                  | ng Address                      |          |                   | 2         | 4             | 2020             |          |          |
| City                    | Norristown                      | State    | Zip Code (Plus 4) |           |               |                  |          |          |
|                         |                                 | PA       | 19404             |           |               |                  |          |          |
|                         | lame of Contributing Committee  |          |                   | мо        | DAY           | YEAR             |          |          |
|                         | WOJDAK FOR THE COMMONWEALTH PAC |          |                   |           |               |                  | \$       | 1,000.00 |
|                         | ng Address                      | <u> </u> | T                 | 2         | 4             | 2020             |          |          |
| City                    | HARRISBURG                      | State    | Zip Code (Plus 4) |           |               |                  |          |          |
|                         |                                 | PA       | 17101             |           |               |                  |          |          |
| Full N                  | lame of Contributing Committee  |          |                   | мо        | DAY           | YEAR             |          |          |
| CHAM                    | 1BER PAC                        |          |                   |           |               |                  | \$       | 500.00   |
| Mailing Address         |                                 |          | 1                 | 17        | 2020          |                  |          |          |
| City                    | HARRISBURG                      | State    | Zip Code (Plus 4) |           |               | 2020             |          |          |
|                         |                                 | PA       | 17101             |           |               |                  |          |          |
| Full N                  | lame of Contributing Committee  |          |                   | мо        | DAY           | YEAR             |          |          |
| BELLI                   | EVUE STRATEGIES PAC             |          |                   | MO        | DAT           | TEAR             | <b> </b> | 500.00   |
| Mailir                  | ng Address                      |          |                   | 1         | 30            | 2020             |          |          |
| City                    | PHILADELPHIA                    | State    | Zip Code (Plus 4) | ]         |               | 2020             |          |          |
|                         |                                 | PA       | 19102             |           |               |                  |          |          |
| Full N                  | lame of Contributing Committee  |          |                   | МО        | DAY           | YEAR             |          |          |
| CRIS                    | CI ASSOC PAC                    |          |                   |           |               |                  | \$       | 1,000.00 |
| Mailir                  | ng Address                      |          |                   | 1         | 31            | 2020             |          |          |
| City                    | HARRISBURG                      | State    | Zip Code (Plus 4) |           |               |                  |          |          |
|                         |                                 | PA       | 17101             |           |               |                  |          |          |
| Full N                  | lame of Contributing Committee  |          |                   | мо        | DAY           | YEAR             |          |          |
| PHA I                   | HOME PAC                        |          |                   | 140       |               | ILAK             | \$       | 500.00   |
| Mailir                  | ng Address                      |          |                   | 2         | 4             | 2020             | ]<br>    |          |
| City                    | LEMOYNE                         | State    | Zip Code (Plus 4) |           |               | 2020             |          |          |
|                         |                                 | PA       | 17043             |           |               |                  |          |          |
|                         |                                 | 17       |                   | l         | l .           | ı                | I        |          |
| Full N                  | lame of Contributing Committee  |          | 170.0             | MO        | DAY           | YFAD             |          |          |
|                         | lame of Contributing Committee  |          | 170.0             | мо        | DAY           | YEAR             | \$       | 500.00   |
| Certif                  |                                 |          |                   |           |               |                  | \$       | 500.00   |
| Certif                  | fied Public Accountants         | State    | Zip Code (Plus 4) | <b>MO</b> | <b>DAY</b> 31 | <b>YEAR</b> 2020 | \$       | 500.00   |
| Certif<br><b>Mailir</b> | fied Public Accountants         |          |                   |           |               |                  | \$       | 500.00   |

|   |  |                                |  |           |                            |                          | PAGE        |        |
|---|--|--------------------------------|--|-----------|----------------------------|--------------------------|-------------|--------|
| Full N  | lame of Contributing Committee   |                                |  | МО        | DAY                        | YEAR                     |             |        |
| LAWF  | PAC (PA ASSOC. FOR JUSTICE)  |                                |  | 140       | DAI                        | ILAK                     | <b>\$</b>   | 500.00 |
| Mailir  | ng Address   |                                |  | 2         | 11                         | 2020                     | ]           | 555.55 |
| City  | HARRISBURG   | State                          | Zip Code (Plus 4)                                |           | 11                         | 2020                     |             |        |
|   |  | PA                             | 17101  |           |                            |                          |             |        |
| Full N  | Name of Contributing Committee   |                                |  | МО        | DAY                        | YEAR                     |             |        |
| CHAM  | MBERPHL PAC  |                                |  |           |                            |                          | \$          | 500.00 |
| Mailir  | ng Address   |                                |  | 2         | 11                         | 2020                     |             |        |
| City  | PHILADELPHIA   | State                          | Zip Code (Plus 4)                                |           |                            |                          |             |        |
|   |  | PA                             | 19102  |           |                            |                          |             |        |
|   | Name of Contributing Committee   |                                |  | МО        | DAY                        | YEAR                     |             |        |
| 1776  | 1776 PAC (UFCW)  |                                |  |           |                            |                          | \$          | 500.00 |
| Mailir  | ng Address   | 1                              | _  | 2         | 4                          | 2020                     |             |        |
| City  | PLYMOUTH MEETING   | State                          | Zip Code (Plus 4)                                |           |                            |                          |             |        |
|   |  | PA                             | 19462  |           |                            |                          |             |        |
| Full N  | lame of Contributing Committee   |                                |  | МО        | DAY                        | YEAR                     |             |        |
| HIGHMARK PAC OF HIGHMARK INC  |  |                                |  |           |                            | 12711                    | \$          | 500.00 |
| Mailing Address   |  |                                | 1  | 28        | 2020                       |                          |             |        |
| City  | CAMP HILL  | State                          | Zip Code (Plus 4)                                | ]         | 20                         | 2020                     |             |        |
|   |  | PA                             | 17089  |           |                            |                          |             |        |
| Full N  | Name of Contributing Committee   |                                |  | МО        | DAY                        | YEAR                     |             |        |
| PECO  | ) PAC  |                                |  | 1410      | DAI                        | ILAK                     | 1           |        |
|   |  |                                |  |           |                            |                          | ] \$        | 500.00 |
| Mailir  | ng Address   |                                |  | 2         | 3                          | 2020                     | \$          | 500.00 |
| Mailir<br>City  | ng Address PHILADELPHIA  | State                          | Zip Code (Plus 4)                                | - 2       | 3                          | 2020                     | <b>,</b> \$ | 500.00 |
|   |  | State<br>PA                    | <b>Zip Code (Plus 4)</b> 19103                   | 2         | 3                          | 2020                     | \$          | 500.00 |
| City  |  |                                |  |           |                            |                          | \$          | 500.00 |
| City<br>Full N  | PHILADELPHIA   |                                |  | мо        | J DAY                      | 2020<br>YEAR             | \$          |        |
| Full N  | PHILADELPHIA  Name of Contributing Committee   |                                |  | мо        |                            | YEAR                     |             | 500.00 |
| Full N  | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  |                                |  |           | DAY                        |                          |             |        |
| Full N PLAN Mailir  | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  ng Address  | PA                             | 19103  | мо        | DAY                        | YEAR                     |             |        |
| Full N PLAN Mailin City   | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  ng Address  | PA                             | 19103  Zip Code (Plus 4)                         | мо 2      | DAY 4                      | <b>YEAR</b> 2020         |             |        |
| Full N PLAN Mailir City   | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  ng Address  HARRISBURG  | State PA                       | 19103  Zip Code (Plus 4)                         | мо        | DAY                        | YEAR                     | \$          | 500.00 |
| Full N PLAN Mailir City Full N INDE   | PHILADELPHIA  Name of Contributing Committee NED PARENTHOOD PA INC ng Address  HARRISBURG  | State PA                       | 19103  Zip Code (Plus 4)                         | мо 2      | DAY 4                      | YEAR 2020 YEAR           |             | 500.00 |
| Full N PLAN Mailir City Full N INDE   | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  ng Address  HARRISBURG  Name of Contributing Committee  PENDENCE BLUE CROSS PAC (IBC  | State PA                       | 19103  Zip Code (Plus 4)                         | мо 2      | DAY 4                      | <b>YEAR</b> 2020         | \$          | 500.00 |
| Full N PLAN Mailir City Full N INDE   | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  ng Address  HARRISBURG  Name of Contributing Committee  PENDENCE BLUE CROSS PAC (IBO  | State PA PAC)                  | 19103  Zip Code (Plus 4) 17102                   | мо 2      | DAY 4                      | YEAR 2020 YEAR           | \$          | 500.00 |
| Full N PLAN Mailin City  Full N INDE Mailin City                            | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  ng Address  HARRISBURG  Name of Contributing Committee  PENDENCE BLUE CROSS PAC (IBO  | State PA  C PAC)  State        | 2ip Code (Plus 4)<br>17102<br>Zip Code (Plus 4)  | MO 2 MO 1 | <b>DAY</b> 4 <b>DAY</b> 28 | YEAR 2020 YEAR 2020      | \$          | 500.00 |
| Full N PLAN Mailin City  Full N INDE Mailin City                            | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  ng Address  HARRISBURG  Name of Contributing Committee  PENDENCE BLUE CROSS PAC (IBO  ng Address  PHILADELPHIA  | State PA  PAC)  State PAC)     | 2ip Code (Plus 4)<br>17102<br>Zip Code (Plus 4)  | мо 2      | DAY 4                      | YEAR 2020 YEAR           | \$          | 500.00 |
| Full N INDE Mailir City Full N INDE   | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  ng Address  HARRISBURG  Name of Contributing Committee  PENDENCE BLUE CROSS PAC (IBC  ng Address  PHILADELPHIA  | State PA  PAC)  State PAC)     | 2ip Code (Plus 4)<br>17102<br>Zip Code (Plus 4)  | MO 2 MO 1 | DAY 4 DAY 28               | YEAR 2020 YEAR 2020 YEAR | \$          | 500.00 |
| Full N PLAN Mailin City  Full N INDE Mailin City                            | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  Ing Address  HARRISBURG  Name of Contributing Committee  PENDENCE BLUE CROSS PAC (IBC  Ing Address  PHILADELPHIA  Name of Contributing Committee  PENDENCE BLUE CROSS PAC (IBC                          | State PA  PAC)  State PAC)     | 2ip Code (Plus 4)<br>17102<br>Zip Code (Plus 4)  | MO 2 MO 1 | <b>DAY</b> 4 <b>DAY</b> 28 | YEAR 2020 YEAR 2020      | \$          |        |
| Full N INDE Mailin City Full N INDE Mailin City Mailin Mailin Mailin Mailin | PHILADELPHIA  Name of Contributing Committee  NED PARENTHOOD PA INC  Ing Address  HARRISBURG  Name of Contributing Committee PENDENCE BLUE CROSS PAC (IBC  Ing Address  PHILADELPHIA  Name of Contributing Committee PENDENCE BLUE CROSS PAC (IBC  Ing Address  PHILADELPHIA | State PA  PAC)  State PA  PAC) | Zip Code (Plus 4) 17102  Zip Code (Plus 4) 19103 | MO 2 MO 1 | DAY 4 DAY 28               | YEAR 2020 YEAR 2020 YEAR | \$          | 500.00 |

| Full Name of Contributing Committee  | ame of Contributing Committee |                   |    |     |        |                  |
|--------------------------------------|-------------------------------|-------------------|----|-----|--------|------------------|
| UGI UTILITIES INC/UGI ENERGY SERVIO  | CES LLC PAC                   |                   | МО | DAY | YEAR   |                  |
| Mailing Address                      | 010 110 1110                  |                   | _  |     |        | \$ 500.00        |
| City DENVER                          | State                         | Zip Code (Plus 4) | 2  | 28  | 2020   |                  |
| ,                                    | PA                            | 17517             |    |     |        |                  |
| Full Name of Contributing Committee  |                               |                   |    | DAY | YEAR   |                  |
| SANOFI US SERVICES INC EMPLOYEES PAC |                               |                   | МО |     |        | <b>\$</b> 500.00 |
| Mailing Address                      |                               |                   | 2  | 28  | 2020   |                  |
| City BRIDGEWATER                     | State                         | Zip Code (Plus 4) |    | 20  | 2020   |                  |
|                                      | NJ                            | 08807             |    |     |        |                  |
| Full Name of Contributing Committee  |                               |                   | мо | DAY | YEAR   |                  |
| Citizens For Better Commonwealth     |                               |                   |    |     | 1 LAIR | <b>\$</b> 500.00 |
| Mailing Address                      |                               |                   | 2  | 28  | 2020   | , 300.00         |
| City HARRISBURG                      | State                         | Zip Code (Plus 4) |    | 20  | 2020   |                  |
| PA 17108                             |                               |                   |    |     |        |                  |

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

**PAGE TOTAL \$** 22,750.00

### 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 |        |       |      |            |              |
|---|--|-----|------------|------------------|--------|-------|------|------------|--------------|
|   |  |     |            | Fron             | n:     |       | Te   | <b>)</b> : |              |
|   |  |     |            |                  | D      | ATE   |      |            | AMOUNT       |
| Full Name of Contributor                |  |     |            |                  | МО     | DAY   | YEAR | \$         | 0.00         |
| Mailing Address                         |  |     |            |                  |        |       |      |            |              |
| City                                    | State  | Zip | Code (Plus | s 4)             |        |       |      |            |              |
| Employer Name                           |  |     |            |                  | Occupa | tion  |      |            |              |
| Employer Mailing Address/Principal Plac | e of Business  |     | City       |                  |        | State |      | Zip C      | ode (Plus 4) |
| Enter Grand Total of Part C on Sche     | ter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |     |            |                  |        |       |      |            | PAGE TOTAL   |
|   |  |     |            |                  |        |       |      | \$         | 0.00         |

## 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              |                  | Report     | ing Peri | od  |      |    |            |
|----------------------------|---------------------------|------------------|------------|----------|-----|------|----|------------|
|                            |                           |                  | From:      |          |     | То:  |    |            |
|                            |                           | •                |            | C        | ATE |      |    | AMOUNT     |
| Full Name                  |                           |                  |            | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address            |                           |                  |            |          |     |      | 7  |            |
| City                       | State                     | Zip Code (Plu    | us 4)      |          |     |      |    |            |
| Receipt Description        | •                         | •                |            |          | •   | •    | •  |            |
| Futor Curred Total of Bout | Fan Cabadula I. Datailad  | Summer Base S    | <b>!</b> ! | 4        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part  | E ON Schedule 1, Detalled | Summary Page, Se | ection     | 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 Period |                            |                  |  |  |  |  |  |  |
|--|------------------|----------------------------|------------------|--|--|--|--|--|--|
| MCCLINTON, JOANNA FRIENDS OF   | From:            | <u>1/1/2020</u> <b>To:</b> | <u>5/18/2020</u> |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                            |                  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00             |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 1 |                  | \$                         | 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              |                   |                        | МО      | DAY              | YEAR |             |            |  |  |
| Mailing Address                       |                   |                        |         |                  |      | <b>7</b> \$ | 0.00       |  |  |
| City                                  | State             | Zip Code (Plus 4)      |         |                  |      |             |            |  |  |
| Description of Contribution:          | •                 | -                      | •       | •                |      | •           |            |  |  |
|                                       |                   |                        |         |                  |      |             |            |  |  |
| Enter Grand Total of Part F on S      | chedule II, In-Ki | nd Contributions Detai | 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   |                  |      | Rep              | Period |       |              |       |      |                     |      |
|---|------------------|------|------------------|--------|-------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro    | m:    |              | To:   |      |                     |      |
|   |                  |      |                  |        |       | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |        | мо    | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  | -      |       |              |       |      | \$                  | 0.00 |
| City                                    | State            | ;    | Zip Code(Plus 4) |        |       |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |        | Occup | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | ′                | State  | e Zip | Code(Plus 4) | Descr | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | ontributions De  | etaile | ed    |              |       |      | PAGE TOT            | ΓAL  |
| Summary Page, Section 3.                | <b></b>          |      |                  |        |       |              |       |      |                     | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |          |     |                  |  |  |
|---------------------------------------|------------------|----------|-----|------------------|--|--|
| MCCLINTON, JOANNA FRIENDS OF          | From             | 1/1/2020 | То: | <u>5/18/2020</u> |  |  |

|   |             | •                                 |                                      |                                |   |            |          |  |  |  |
|---|-------------|-----------------------------------|--------------------------------------|--------------------------------|---|------------|----------|--|--|--|
|   |             |                                   |                                      | DATE                           | AMOUNT                                  |            |          |  |  |  |
| To Whom Paid  |             |                                   | МО                                   | DAY                            | YEAR                                    |            |          |  |  |  |
| M F Strategies, LLC   |             |                                   | 1.10                                 |                                |   |            |          |  |  |  |
| Mailing Address   |             |                                   | 1                                    | 25                             | 2020                                    | \$         | 1,986.09 |  |  |  |
| <b>City</b> Harrisburg  | State       | Zip Code (Plus 4)                 | Descrip                              | tion of Exp                    | enditure                                |            |          |  |  |  |
|   | PA          | 17108                             | Monthly                              | Retainer 8                     | & Event R                               | teim Exper | nses     |  |  |  |
| To Whom Paid  |             |                                   | мо                                   | DAY                            | YEAR                                    |            |          |  |  |  |
| M F Strategies, LLC   |             |                                   | MO                                   |                                | ILAK                                    |            |          |  |  |  |
| Mailing Address   |             |                                   | 2                                    | 20                             | 2020                                    | \$         | 1,943.83 |  |  |  |
| City Harrisburg State Zip Code (Plus 4)   |             |                                   |                                      | Description of Expenditure     |   |            |          |  |  |  |
|   | PA          | 17108                             | Monthly                              | Retainer 8                     | & Event R                               | Reim Exper | ises     |  |  |  |
| To Whom Paid  |             |                                   | мо                                   | DAY                            | YEAR                                    |            |          |  |  |  |
| M F Strategies, LLC   |             |                                   | MO                                   |                                | ILAK                                    |            |          |  |  |  |
| Mailing Address   |             |                                   | 3                                    | 20                             | 2020                                    | \$         | 1,500.00 |  |  |  |
| <b>City</b> Harrisburg  | State       | Zip Code (Plus 4)                 | Descrip                              | tion of Exp                    | enditure                                |            |          |  |  |  |
|   | PA          | 17108                             | Monthly Retainer                     |                                |   |            |          |  |  |  |
| To Whom Paid  |             |                                   | мо                                   | DAY                            | YEAR                                    |            |          |  |  |  |
| M F Strategies, LLC   |             |                                   | MO                                   | DAT                            | TEAR                                    |            |          |  |  |  |
| Mailing Address   |             |                                   | 4                                    | 20                             | 2020                                    | \$         | 1,900.00 |  |  |  |
| City Hawrichurg State Zin Code (Blue 4)   |             |                                   |                                      | Description of Expenditure     |   |            |          |  |  |  |
| City Harrisburg   | State       | Zip Code (Plus 4)                 | Descrip                              | tion of Exp                    | enditure                                |            |          |  |  |  |
| <b>City</b> Harrisburg  | State<br>PA | <b>Zip Code (Plus 4)</b><br>17108 |                                      | tion of Exp  Retainer 8        |   | teim Exper | nses     |  |  |  |
| City Harrisburg  To Whom Paid   |             |                                   | Monthly                              | Retainer 8                     | & Event R                               | leim Exper | nses     |  |  |  |
| To Whom Paid  |             |                                   |                                      |                                |   | teim Exper | nses     |  |  |  |
| To Whom Paid NGP VAN, Inc.  |             |                                   | Monthly                              | Retainer 8                     | & Event R                               | Reim Exper |          |  |  |  |
|   |             |                                   | Monthly MO                           | DAY                            | YEAR 2020                               |            |          |  |  |  |
| To Whom Paid NGP VAN, Inc. Mailing Address  | PA          | 17108                             | MO 1 Descript                        | DAY                            | YEAR  2020 enditure                     |            |          |  |  |  |
| To Whom Paid NGP VAN, Inc. Mailing Address  | PA State    | Zip Code (Plus 4)                 | MO 1 Descrip                         | DAY  1 tion of Exp             | YEAR  2020  enditure  Payment           |            |          |  |  |  |
| To Whom Paid NGP VAN, Inc. Mailing Address City Pittsburgh To Whom Paid               | PA State    | Zip Code (Plus 4)                 | MO 1 Descript                        | DAY  1 tion of Exp             | YEAR  2020 enditure                     |            |          |  |  |  |
| To Whom Paid NGP VAN, Inc. Mailing Address City Pittsburgh To Whom Paid               | PA State    | Zip Code (Plus 4)                 | MO 1 Descrip                         | DAY  1 tion of Exp             | YEAR  2020  enditure  Payment           |            | 750.00   |  |  |  |
| To Whom Paid NGP VAN, Inc. Mailing Address City Pittsburgh To Whom Paid NGP VAN, Inc. | PA State    | Zip Code (Plus 4)                 | Monthly  MO  1  Descrip DLCC2  MO  3 | DAY  1 tion of Exp Quarterly F | YEAR  2020 enditure Payment  YEAR  2020 | \$         | 750.00   |  |  |  |

| To W                                    | nom Paid          |       |                   | МО                         | DAY                        | YEAR       |              |           |  |  |  |  |
|---|-------------------|-------|-------------------|----------------------------|----------------------------|------------|--------------|-----------|--|--|--|--|
| NGP VAN, Inc.                           |                   |       |                   |                            |                            | ILAK       |              |           |  |  |  |  |
| Mailing Address                         |                   |       |                   |                            | 21                         | 2020       | \$           | 480.00    |  |  |  |  |
| City Pittsburgh State Zip Code (Plus 4) |                   |       |                   |                            | Description of Expenditure |            |              |           |  |  |  |  |
|   |                   | PA    | 15251             | DLCC2/                     | Additional                 | Payment    | Over Limit   |           |  |  |  |  |
| To Wi                                   | nom Paid          |       |                   | МО                         | DAY                        | YEAR       |              |           |  |  |  |  |
| Mado                                    | nna Awotwi        |       |                   | 140                        |                            | ILAK       |              |           |  |  |  |  |
| Mailing Address                         |                   |       |                   |                            | 16                         | 2020       | \$           | 70.00     |  |  |  |  |
| City Harrisburg State Zip Code (Plus 4) |                   |       |                   |                            | Description of Expenditure |            |              |           |  |  |  |  |
|   |                   | PA    | 17102             | Campai                     | gn Flyer D                 | esign      |              |           |  |  |  |  |
| To Wi                                   | nom Paid          |       |                   | МО                         | DAY                        | YEAR       |              |           |  |  |  |  |
| Philly                                  | Women Rally       |       |                   | 140                        |                            | ILAK       |              |           |  |  |  |  |
| Mailin                                  | g Address         |       |                   | 1                          | 16                         | 2020       | \$           | 250.00    |  |  |  |  |
| City                                    | Ardmore           | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure   |              |           |  |  |  |  |
|   |                   | PA    | 19003             | Donatio                    | n                          |            |              |           |  |  |  |  |
| To Wi                                   | nom Paid          |       |                   | МО                         | DAY                        | YEAR       |              |           |  |  |  |  |
| Friend                                  | ds Of Anita Kulik |       |                   | MO                         | DAT                        | TEAR       |              |           |  |  |  |  |
| Mailin                                  | g Address         |       |                   | 1                          | 16                         | 2020       | \$           | 250.00    |  |  |  |  |
| City                                    | McKees Rocks      | State | Zip Code (Plus 4) | Description of Expenditure |                            |            |              |           |  |  |  |  |
|   |                   | PA    | 15136             | Donatio                    | n                          |            |              |           |  |  |  |  |
| To Wi                                   | nom Paid          |       |                   | МО                         | DAY                        | YEAR       |              |           |  |  |  |  |
| Tyron                                   | e Sims            |       |                   | 140                        |                            | ILAK       |              |           |  |  |  |  |
| Mailin                                  | g Address         |       |                   | 2                          | 14                         | 2020       | \$           | 500.00    |  |  |  |  |
| City                                    | Philadelphia      | State | Zip Code (Plus 4) | Description of Expenditure |                            |            |              |           |  |  |  |  |
|   |                   | PA    | 19143             | Petition                   | Assistance                 | е          |              |           |  |  |  |  |
| To W                                    | nom Paid          |       |                   | МО                         | DAY                        | YEAR       |              |           |  |  |  |  |
| Ricard                                  | lo Burton         |       |                   | 1.0                        |                            |            |              |           |  |  |  |  |
| Mailin                                  | g Address         |       |                   | 2                          | 14                         | 2020       | \$           | 774.00    |  |  |  |  |
| City                                    | Philadelphia      | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure   |              |           |  |  |  |  |
|   |                   | PA    | 19143             | Petition                   | Assistance                 | 9          |              |           |  |  |  |  |
| To Wi                                   | nom Paid          |       |                   | МО                         | DAY                        | YEAR       |              |           |  |  |  |  |
| Tamir                                   | Harper            |       |                   | MO                         | DAI                        | ILAK       |              |           |  |  |  |  |
| Mailin                                  | g Address         |       |                   | 2                          | 14                         | 2020       | \$           | 500.00    |  |  |  |  |
| City                                    | Philadelphia      | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure   |              |           |  |  |  |  |
| PA 19142                                |                   |       |                   | Website                    | Update&F                   | etition Pa | arty Day Cod | ordinator |  |  |  |  |
| To Whom Paid                            |                   |       |                   | МО                         | DAY                        | YEAR       |              |           |  |  |  |  |
| Marcia Hodges                           |                   |       |                   |                            |                            |            |              |           |  |  |  |  |
| Mailin                                  | g Address         |       |                   | 2                          | 14                         | 2020       | \$           | 200.00    |  |  |  |  |
| City                                    | Phoenixville      | State | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure   |              |           |  |  |  |  |
|   |                   | PA    | 19460             | Petition                   | Party MC/                  | Canvasse   | er           |           |  |  |  |  |
|   |                   |       |                   |                            |                            |            |              |           |  |  |  |  |

|   |                     |       |                   |                            |                            |          | PAC        | j⊏ 1/    |  |  |  |
|---|---------------------|-------|-------------------|----------------------------|----------------------------|----------|------------|----------|--|--|--|
| To Wh                                     | om Paid             |       |                   | мо                         | DAY                        | YEAR     |            |          |  |  |  |
| Party Savers                              |                     |       |                   | 110                        |                            | 1 = Aux  |            |          |  |  |  |
| Mailing Address                           |                     |       |                   | 2                          | 14                         | 2020     | \$         | 150.00   |  |  |  |
| City Philadelphia State Zip Code (Plus 4) |                     |       |                   |                            | Description of Expenditure |          |            |          |  |  |  |
|   |                     | PA    | 19143             | Petition                   | Party DJ                   |          |            |          |  |  |  |
| To Wh                                     | om Paid             |       |                   |                            | DAY                        | YEAR     |            |          |  |  |  |
| Норе                                      | Foy                 |       |                   | МО                         | DAY                        | YEAR     |            |          |  |  |  |
| Mailin                                    | g Address           |       |                   | 2                          | 14                         | 2020     | \$         | 1,500.00 |  |  |  |
| City Philadelphia State Zip Code (Plus 4) |                     |       |                   |                            | tion of Exp                | enditure |            |          |  |  |  |
|   | ·                   | PA    | 19143             | Petition                   | Head Coo                   | rdinator |            |          |  |  |  |
| To Wh                                     | om Paid             | •     | •                 |                            |                            | V=45     |            |          |  |  |  |
| La Sal                                    | le University       |       |                   | МО                         | DAY                        | YEAR     |            |          |  |  |  |
| Mailin                                    | g Address           |       |                   | 2                          | 14                         | 2020     | \$         | 350.00   |  |  |  |
| City                                      | Philadelphia        | State | Zip Code (Plus 4) | Descript                   | tion of Exp                | enditure |            |          |  |  |  |
|   | ·                   | PA    | 19141             | Charter                    | Dinner Tic                 | ket      |            |          |  |  |  |
| To Wh                                     | om Paid             | -     |                   |                            | DAY                        | YEAR     |            |          |  |  |  |
| Joann                                     | a McClinton         |       |                   | МО                         | DAY                        | TEAK     |            |          |  |  |  |
| Mailin                                    | g Address           |       |                   | 2                          | 14                         | 2020     | \$         | 602.80   |  |  |  |
| City                                      | Philadelphia        | State | Zip Code (Plus 4) | Description of Expenditure |                            |          |            |          |  |  |  |
|   |                     | PA    | 19139             | Reimbu                     | rsement/Y                  | EO & AIP | AC Confere | nce      |  |  |  |
| To Wh                                     | om Paid             |       |                   | МО                         | DAY                        | YEAR     |            |          |  |  |  |
| Yarvel                                    | l Randolph          |       |                   | 140                        |                            | TEAK     |            |          |  |  |  |
| Mailin                                    | g Address           |       |                   | 4                          | 13                         | 2020     | \$         | 300.00   |  |  |  |
| City                                      | Philadelphia        | State | Zip Code (Plus 4) | Description of Expenditure |                            |          |            |          |  |  |  |
|   |                     | PA    | 19139             | Team B                     | uilding Tra                | ining    |            |          |  |  |  |
| To Wh                                     | om Paid             |       |                   | МО                         | DAY                        | YEAR     |            |          |  |  |  |
| Friend                                    | s Of Peter Schweyer |       |                   | 110                        |                            | 1 Z/IIX  |            |          |  |  |  |
| Mailin                                    | g Address           |       |                   | 4                          | 13                         | 2020     | \$         | 500.00   |  |  |  |
| City                                      | Allentown           | State | Zip Code (Plus 4) | Descript                   | tion of Exp                | enditure |            |          |  |  |  |
|   |                     | PA    | 18105             | Donatio                    | n                          |          |            |          |  |  |  |
| To Wh                                     | om Paid             |       |                   | мо                         | DAY                        | YEAR     |            |          |  |  |  |
| Friend                                    | s Of Summer Lee     |       |                   | 140                        |                            | ILAK     |            |          |  |  |  |
| Mailin                                    | g Address           |       |                   | 5                          | 6                          | 2020     | \$         | 500.00   |  |  |  |
| City                                      | Swissvale           | State | Zip Code (Plus 4) | Descript                   | tion of Exp                | enditure |            |          |  |  |  |
| PA 15218                                  |                     |       |                   | Donatio                    | n                          |          |            |          |  |  |  |
| To Whom Paid                              |                     |       |                   | МО                         | DAY                        | YEAR     |            |          |  |  |  |
| Friends Of Maria P. Donatucci             |                     |       |                   |                            |                            | LAIN     |            |          |  |  |  |
| Mailin                                    | g Address           |       |                   | 5                          | 6                          | 2020     | \$         | 500.00   |  |  |  |
| City                                      | Philadelphia        | State | Zip Code (Plus 4) | Descript                   | tion of Exp                | enditure |            |          |  |  |  |
|   |                     | PA    | 19145             | Donatio                    | n                          |          |            |          |  |  |  |
|   |                     |       |                   |                            |                            |          |            |          |  |  |  |

|   |                          |             |                   |                            |                            |           |         | IOL 10   |  |  |  |
|---|--------------------------|-------------|-------------------|----------------------------|----------------------------|-----------|---------|----------|--|--|--|
| To W                                      | nom Paid                 |             |                   | МО                         | DAY                        | YEAR      |         |          |  |  |  |
| Friends Of Adam Ravenstahl                |                          |             |                   |                            |                            |           |         |          |  |  |  |
| Mailing Address                           |                          |             |                   |                            | 6                          | 2020      | \$      | 500.00   |  |  |  |
| City Pittsburgh State Zip Code (Plus 4)   |                          |             |                   |                            | Description of Expenditure |           |         |          |  |  |  |
| PA 15229                                  |                          |             |                   |                            | n                          |           |         |          |  |  |  |
| To W                                      | nom Paid                 |             |                   | МО                         | DAY                        | YEAR      |         |          |  |  |  |
| Greer                                     | For Safe & Accountable   | Communities |                   | 1-10                       |                            | I Z/IIX   |         |          |  |  |  |
| Mailin                                    | g Address                |             |                   | 5                          | 6                          | 2020      | \$      | 500.00   |  |  |  |
| City Philadelphia State Zip Code (Plus 4) |                          |             |                   | Description of Expenditure |                            |           |         |          |  |  |  |
|   |                          | PA          | 19132             | Donatio                    | n                          |           |         |          |  |  |  |
| To W                                      | nom Paid                 |             |                   | мо                         | DAY                        | YEAR      |         |          |  |  |  |
| РА НЕ                                     | OCC                      |             |                   | МО                         | DAI                        | ILAK      |         |          |  |  |  |
| Mailin                                    | g Address                |             |                   | 5                          | 6                          | 2020      | \$      | 2,000.00 |  |  |  |
| City                                      | Harrisburg               | State       | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure  |         |          |  |  |  |
|   |                          | PA          | 17108             | Donatio                    | n                          |           |         |          |  |  |  |
| To W                                      | nom Paid                 |             |                   | мо                         | DAY                        | YEAR      |         |          |  |  |  |
| Strass                                    | sheim Graphic Design & P | ress Corp.  |                   | МО                         |                            | ILAK      |         |          |  |  |  |
| Mailin                                    | g Address                |             |                   | 1                          | 27                         | 2020      | \$      | 183.60   |  |  |  |
| City                                      | Philadelphia             | State       | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure  |         |          |  |  |  |
|   |                          | PA          | 19130             | Printing/Palm Cards        |                            |           |         |          |  |  |  |
| To Wi                                     | nom Paid                 |             |                   | мо                         | DAY                        | YEAR      |         |          |  |  |  |
| Strass                                    | sheim Graphic Design & P | ress Corp.  |                   | МО                         | DAI                        | ILAK      |         |          |  |  |  |
| Mailin                                    | g Address                |             |                   | 1                          | 31                         | 2020      | \$      | 135.00   |  |  |  |
| City                                      | Philadelphia             | State       | Zip Code (Plus 4) | Description of Expenditure |                            |           |         |          |  |  |  |
|   |                          | PA          | 19130             | Printing                   | Service/ F                 | osters    |         |          |  |  |  |
| To W                                      | nom Paid                 |             |                   | мо                         | DAY                        | YEAR      |         |          |  |  |  |
| Joann                                     | a McClinton              |             |                   | 1-10                       |                            | ILAK      |         |          |  |  |  |
| Mailin                                    | g Address                |             |                   | 1                          | 17                         | 2020      | \$      | 1,743.41 |  |  |  |
| City                                      | Philadelphia             | State       | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure  |         |          |  |  |  |
|   | •                        | PA          | 19139             | Reim Va                    | arious/Dec                 | ember & . | January |          |  |  |  |
| To Wi                                     | nom Paid                 |             |                   | МО                         | DAY                        | YEAR      |         |          |  |  |  |
| Норе                                      | Foy                      |             |                   | МО                         | DAY                        | TEAK      |         |          |  |  |  |
| Mailin                                    | g Address                |             |                   | 1                          | 26                         | 2020      | \$      | 1,500.00 |  |  |  |
| City Philadelphia State Zip Code (Plus 4) |                          |             |                   |                            | tion of Exp                | enditure  |         |          |  |  |  |
| PA 19143                                  |                          |             |                   | Petition                   | Drive Sup                  | plies     |         |          |  |  |  |
| To Whom Paid                              |                          |             |                   | МО                         | DAY                        | YEAR      |         |          |  |  |  |
| National Coalition of 100 Black Women-PA  |                          |             |                   | MO                         | DAT                        | TEAK      |         |          |  |  |  |
| Mailin                                    | g Address                |             |                   | 1                          | 31                         | 2020      | \$      | 220.00   |  |  |  |
| City                                      | Philadelphia             | State       | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure  |         |          |  |  |  |
|   |                          | PA          | 19101             | Lunched                    | on                         |           |         |          |  |  |  |
|   |                          |             |                   |                            |                            |           |         |          |  |  |  |

|   |                        |                     |                         |                                   |             |          |            | .,         |  |  |
|---|------------------------|---------------------|-------------------------|-----------------------------------|-------------|----------|------------|------------|--|--|
| To Whon   | n Paid                 |                     |                         | МО                                | DAY         | YEAR     |            |            |  |  |
| Philadelphia Alumnae Chapter  |                        |                     |                         | MO                                | DAT         | IEAR     |            |            |  |  |
| Mailing Address   |                        |                     |                         |                                   | 31          | 2020     | \$         | 60.00      |  |  |
| City Bala Cynwyd State Zip Code (Plus 4)                                |                        |                     |                         | Description of Expenditure        |             |          |            |            |  |  |
|   |                        | PA                  | 19004                   | Prayer I                          | Breakfast   |          |            |            |  |  |
| To Whon   | n Paid                 |                     |                         | МО                                | DAY         | YEAR     |            |            |  |  |
| Mainstre  | am Marketing, LLC      |                     |                         | MO                                | DAI         | ILAK     |            |            |  |  |
| Mailing A   | Address                |                     |                         | 1                                 | 31          | 2020     | \$         | 2,000.00   |  |  |
| City P  | Philadelphia           | State               | Zip Code (Plus 4)       | Descrip                           | tion of Exp | enditure |            |            |  |  |
|   |                        | PA                  | 19104                   | Petition                          | Drive       |          |            |            |  |  |
| <b>To Whom</b><br>Brandon   |                        |                     |                         | мо                                | DAY         | YEAR     |            |            |  |  |
| Mailing A   | Address                |                     |                         | 1                                 | 31          | 2020     | \$         | 150.00     |  |  |
| City (  | Glenside               | State               | Zip Code (Plus 4)       | Descrip                           | tion of Exp | enditure |            |            |  |  |
|   |                        | PA                  | 19038                   | Photogr                           | aphy Serv   | ice Camp | aign Anı   | nouncement |  |  |
| To Whon   | n Paid                 |                     |                         | МО                                | DAY         | YEAR     |            |            |  |  |
| Joanna N  | McClinton              |                     |                         | 1410                              |             | ILAK     |            |            |  |  |
| Mailing A   | Address                |                     |                         | 4                                 | 15          | 2020     | \$         | 248.14     |  |  |
| City P  | Philadelphia           | State               | Zip Code (Plus 4)       | Descrip                           | tion of Exp | enditure |            |            |  |  |
|   |                        | PA                  | 19139                   | Reimbursement                     |             |          |            |            |  |  |
| To Whon   | n Paid                 |                     |                         | мо                                | DAY         | YEAR     |            |            |  |  |
| T D Bank  | k                      |                     |                         |                                   |             |          |            |            |  |  |
| Mailing Address   |                        |                     |                         | 4                                 | 30          | 2020     | \$         | 52.00      |  |  |
| City P  | Philadelphia           | State               | Zip Code (Plus 4)       | Descrip                           | tion of Exp | enditure |            |            |  |  |
| PA 19102  |                        |                     |                         | Maintence Fees January-April 2020 |             |          |            |            |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                        |                     |                         |                                   |             |          | PAGE TOTAL |            |  |  |
| Linter G  | ianu iotai di Expendit | luies on Page 1, Re | port cover Page, Item D | <b>'</b> •                        |             |          | \$         | 25,548.87  |  |  |
|   |                        |                     |                         |                                   |             |          |            |            |  |  |