

Campaign Finance Report

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

Filer Identification Number : 20150217		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: MCCLINTON, JOANNA FRIENDS OF							
Street Address:							
City: HARRISBURG				State: PA		Zip Code: 17106	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.
	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2019		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
				MO DAY YEAR		DEM	
				11 5 2019		(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	FOR OFFICE USE ONLY		
		4	2	2019			
A. Amount Brought Forward From Last Report				TO	MO	DAY	YEAR
					5	6	2019
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 40,466.10			
C. Total Funds Available (Sum Of Lines A and B)				\$ 7,025.00			
D. Total Expenditures (From Schedule III)				\$ 47,491.10			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 4,822.24			
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 42,668.86			
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00			
				\$ 0.00			

AFFIDAVIT SECTION

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

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

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From: <u>4/2/2019</u> To: <u>5/6/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 175.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 1,600.00
TOTAL for the Reporting Period (2)	\$ 1,850.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 4,000.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 5,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 7,025.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate MCCLINTON, JOANNA FRIENDS OF	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee HEALTH PARTNERS PLANS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			5	1	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074496				

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

PAGE TOTAL
\$ 250.00

PART B

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From: <u>4/2/2019</u> To: <u>5/6/2019</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
MIRA BAYLSON							
Mailing Address				4	3	2019	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191295504				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
JESSICA COCKRELL							
Mailing Address				4	3	2019	
City	WASHINGTON	State	Zip Code (Plus 4)				
		DC	200021031				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
HOWARD FISCHER							
Mailing Address				5	3	2019	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191024213				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
KRISTIN GIVENS							
Mailing Address				4	9	2019	
City	BLOOMINGTON	State	Zip Code (Plus 4)				
		IL	617014444				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
DAVID L HYMAN							
Mailing Address				4	3	2019	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191037305				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
CHARLES D. LOMAX							
Mailing Address				4	15	2019	
City	HILLTOWN	State	Zip Code (Plus 4)				
		PA	18927				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
BERNARD SMALLEY							
Mailing Address				4	3	2019	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191034720				

Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
ROBERT VOGEL						
Mailing Address			4	3	2019	
City	PHILADELPHIA	State PA				Zip Code (Plus 4) 191303457

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

PAGE TOTAL
\$ 1,600.00

PART C

Contributions Received From Political Committees

OVER \$250.00

**Use this Part to itemize only contributions received from Political committees
with an aggregate value from Over \$250.00 in the reporting period.**

Name of Filing Committee or Candidate MCCLINTON, JOANNA FRIENDS OF	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
AFSCME COUNCIL 13				5	1	2019	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171111507	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
COALITION FOR PENNSYLVANIA'S FUTURE				5	1	2019	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171082090	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
ENERGY TRANSFER PAC				5	1	2019	
Mailing Address							
City	AUSTIN	State	TX	Zip Code (Plus 4)		787011661	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
PA AUTOMOTIVE ASSOCIATION PAC (PAA)				5	1	2019	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171022214	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PA MEDICAL SOCIETY PAC				5	1	2019	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171058820	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
VISION COMMITTEE				5	1	2019	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171011801	

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

PAGE TOTAL
\$ 4,000.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate MCCLINTON, JOANNA FRIENDS OF	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>
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				DATE	AMOUNT					
Full Name of Contributor DUANE MORRIS GOVERNMENT AFFAIRS, LLP				MO	DAY	YEAR	\$ 500.00			
Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City HARRISBURG</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 171011303</td> </tr> </table>				City HARRISBURG	State PA	Zip Code (Plus 4) 171011303		5	1	2019
City HARRISBURG	State PA	Zip Code (Plus 4) 171011303								
Employer Name BELLVUE STRATEGIES				Occupation PRESIDENT AND CEO						
Employer Mailing Address/Principal Place of Business <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City HARRISBURG</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 171011303</td> </tr> </table>				City HARRISBURG	State PA	Zip Code (Plus 4) 171011303				
City HARRISBURG	State PA	Zip Code (Plus 4) 171011303								
Full Name of Contributor MUSTAFA RASHED				MO	DAY	YEAR	\$ 500.00			
Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City PHILADELPHIA</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 191023823</td> </tr> </table>				City PHILADELPHIA	State PA	Zip Code (Plus 4) 191023823		4	3	2019
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191023823								
Employer Name BELLVUE STRATEGIES				Occupation PRESIDENT AND CEO						
Employer Mailing Address/Principal Place of Business <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City PHILADELPHIA</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 191023823</td> </tr> </table>				City PHILADELPHIA	State PA	Zip Code (Plus 4) 191023823				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191023823								

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

PAGE TOTAL
\$ 1,000.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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

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

PAGE TOTAL
\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
MCCLINTON, JOANNA FRIENDS OF		From: <u>4/2/2019</u> To: <u>5/6/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

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

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

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

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

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From <u>4/2/2019</u> To: <u>5/6/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address	4	1	2019	\$ 26.63
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEE	
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address	5	1	2019	\$ 18.38
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEE	
To Whom Paid	MO	DAY	YEAR	
CITIZENS FOR OMAR SABIR				
Mailing Address	4	26	2019	\$ 500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191512218	Description of Expenditure	
To Whom Paid	MO	DAY	YEAR	
DARBY BOROUGH DEMOCRATIC COMMITTEE				
Mailing Address	5	4	2019	\$ 500.00
City DARBY	State PA	Zip Code (Plus 4) 190231113	Description of Expenditure	
To Whom Paid	MO	DAY	YEAR	
DELTA SIGMA THETA SORORITY, INC.				
Mailing Address	5	4	2019	\$ 250.00
City BOOTHWYN	State PA	Zip Code (Plus 4) 190617930	Description of Expenditure	
To Whom Paid	MO	DAY	YEAR	
EAST COAST BLACK AGE OF COMIC CONVENTION				
Mailing Address	5	4	2019	\$ 500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191014059	Description of Expenditure	

To Whom Paid FRIENDS OF ROHAN HEPKINS			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	4	2019	
City YEADON	State PA	Zip Code (Plus 4) 190509504	Description of Expenditure			

To Whom Paid PAULINE LLOYD			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	4	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191421431	Description of Expenditure DONATION FOR KINGSESSING PARK			

To Whom Paid JOANNA MCCLINTON			MO	DAY	YEAR	\$ 182.99
Mailing Address			5	4	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Reimbursement			

To Whom Paid MFSTRATEGIES, LLC			MO	DAY	YEAR	\$ 2,349.24
Mailing Address			4	25	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 171080439	Description of Expenditure CONSULTING AND REIMBURSEMENTS			

To Whom Paid RICK LOWE FOR DELAWARE COUNTY			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	26	2019	
City MEDIA	State PA	Zip Code (Plus 4) 190633015	Description of Expenditure			

To Whom Paid VFW DISTRICT 7			MO	DAY	YEAR	\$ 45.00
Mailing Address			4	26	2019	
City DARBY	State PA	Zip Code (Plus 4) 190231608	Description of Expenditure			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 4,822.24

