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

CITY COMMISSIONER
COUNTY RD. OF ELECT
2021 MAR -6 AM 9:

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

Daytime Telephone Number



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
Real Justice PAC				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input checked="" type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)

Campaign Finance Report

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

338571

Filer Identification Number: 20150217		Report Filed By: C		CANDIDATE	COMMITTEE	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: MCCLINTON, JOANNA FRIENDS OF						
Street Address: PO BOX 16668						
City: PHILADELPHIA						
TYPE OF REPORT		State: PA		Zip Code: 19139-9998		
(place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	6. X
	ANNUAL REPORT	7.	Year 2020			
FILING METHOD () CHECK ONE				PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate:				DATE OF ELECTION		
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR
				11	3	2020
Summary of Receipts and Expenditures from:				MO	DAY	YEAR
				11	23	2020
A. Amount Brought Forward From Last Report						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 22,326.41		
C. Total Funds Available (Sum Of Lines A and B)				\$ 12,450.00		
D. Total Expenditures (From Schedule III)				\$ 34,776.41		
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 14,644.01		
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 20,132.40		
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00		
				\$ 0.00		

Phila, County
FEB 12 2021
Board of Elections

AFFIDAVIT SECTION

I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
I (or affirm) that this report, including the attached schedules filed on paper or by electronic means, are to the best of my knowledge and belief, true and complete.

Witnessed and subscribed before me this day of _____ 20____
Signature _____
Commission Expires _____

MO _____ DAY _____ YR _____
Area Code _____ Daytime Telephone Number _____

If this is a report of a candidate's authorized Committee, Candidate shall sign here.
(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, as amended).

Witnessed and subscribed before me this day of _____ 20____
Signature _____
Commission Expires _____

MO _____ DAY _____ YR _____
Area Code _____ Daytime Telephone Number _____

Signature of Person Submitting Report
Armon G. Kamblyk
Printed Name
Armon G. Kamblyk
Email
AKamblyk@gmail.com
Area Code
215
Daytime Telephone Number
476-7330

Signature of Candidate
Joanna McClintan
Printed Name
Joanna McClintan
Email
Jmccclintan@gmail.com
Area Code
215
Daytime Telephone Number
304-2204