


Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

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 Statements. This form must be signed by hand where a signature is required.**

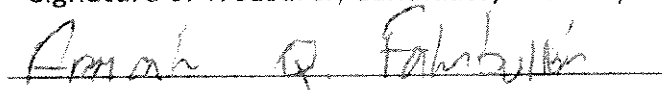
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input 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 statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.



 Signature of Treasurer, Candidate, or Lobbyist



 Printed Name

16/06/2021

 Date (DD/MM/YYYY)



 Location (City/State/Country)

Pennsylvania Department of State

100 North Second Street, Suite 1000, Harrisburg, PA 17102

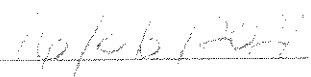
Phone: 717-781-2000 Fax: 717-781-2001 TDD: 717-781-2002

Part II - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.

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



Signature of Candidate



Date (DD/MM/YYYY)



Printed Name



Location (City/State/Country)



Campaign Finance Report

351019

(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	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: MCCLINTON, JOANNA FRIENDS OF									
Street Address: PO BOX 16668									
City: PHILADELPHIA			State: PA	Zip Code: 19139-9998					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No
	ANNUAL REPORT	7.	Year 2021	FILING METHOD () CHECK ONE		PAPER	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR			
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY
		5	4	2021		6	7	2021	
A. Amount Brought Forward From Last Report				\$		70,760.28			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		86,000.00			
C. Total Funds Available (Sum Of Lines A and B)				\$		156,760.28			
D. Total Expenditures (From Schedule III)				\$		27,610.28			
E. Ending Cash Balance (Subtract Line D From Line C)				\$		129,150.00			
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		3,020.00			
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00			

AFFIDAVIT SECTION

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

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

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____
MO DAY YR

Signature of Person Submitting Report

Printed Name

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

My Commission Expires _____
MO DAY YR

Signature of Candidate

Printed Name

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>5/4/2021</u>	To: <u>6/7/2021</u>
Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
TOTAL for the Reporting Period (1)	\$	0.00
Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)		
Contributions Received From Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
TOTAL for the Reporting Period (2)	\$	0.00
Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	\$	86,000.00
All Other Contributions (Part D)	\$	0.00
TOTAL for the Reporting Period (3)	\$	86,000.00
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.)		\$ 86,000.00

PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

**PART 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
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

PART C
Contributions Received From Political Committees

OVER \$250.00

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

Name of Filing Committee or Candidate	Reporting Period
MCCLINTON, JOANNA FRIENDS OF	From: <u>5/4/2021</u> To: <u>6/7/2021</u>

			DATE			AMOUNT
Full Name of Contributing Committee			MO	DAY	YEAR	
Steamfitters Union Local 420						
Mailing Address 14420 Townsend Road Ste A			5	20	2021	\$ 5,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19154				
Plumbers Union Local 690						
Mailing Address 2791 SOUTHAMPTON ROAD			5	20	2021	\$ 5,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19154				
IUPAT DC21						
Mailing Address 2980 Southhampton Road			5	20	2021	\$ 2,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19154				
IUPAT DC21						
Mailing Address 2980 Southhampton Road			5	20	2021	\$ 2,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19154				
Laborers District Council						
Mailing Address 665 N Broad Street 5th Floor			5	20	2021	\$ 25,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19123				

Full Name of Contributing Committee IBEW Local 98			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 1719 Spring Garden Street			5	20	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19130				
Full Name of Contributing Committee Sprinkler Fitters Union Local 692			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 14004 McNulty Road			5	20	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19154				
Full Name of Contributing Committee PSEA Pace			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 400 N THIRD ST			5	20	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				
Full Name of Contributing Committee TRIAD STRATEGIES PA PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 300 N 2ND ST, STE 1200			5	20	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee PA-THA-Pac			MO	DAY	YEAR	\$ 5,000.00
Mailing Address P O Box 300			5	20	2021	
City Bensalem	State PA	Zip Code (Plus 4) 19020				
Full Name of Contributing Committee FoodPac of PA			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 870			5	20	2021	
City CAMP HILL	State PA	Zip Code (Plus 4) 17001				

Full Name of Contributing Committee McNeese Pac			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 100 Pine Street			5	20	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee APSCUF/CAP-PA			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 319 North Front Street			5	20	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee PA Horsebreeders Association Inc			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 701 East Baltimore Pike Ste E			5	20	2021	
City Kennett Square	State PA	Zip Code (Plus 4) 19348				
Full Name of Contributing Committee STANDARD BRED BREEDERS ASSOC OF PA PAC			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 2310 Hanover Pike			5	20	2021	
City HANOVER	State PA	Zip Code (Plus 4) 17331				
Full Name of Contributing Committee 2999 GROUP			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 2999 STREET ROAD			5	20	2021	
City BENSALEM	State PA	Zip Code (Plus 4) 19020				
Full Name of Contributing Committee Red River Canyon Committee			MO	DAY	YEAR	\$ 500.00
Mailing Address 500 North 3rd Street 9th Floor			5	20	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee Cozen O'Connor Pac			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1650 MARKET ST.			5	20	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee SEIU Health PA Cope			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1500 North 2nd Street Ste 12			5	20	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				

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

PAGE TOTAL
\$ 86,000.00

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	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)

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

PAGE TOTAL
\$ 0.00

**PART E
OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

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

	DATE			AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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
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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: 5/4/2021	To: 6/7/2021
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)	\$ 3,020.00
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.)			\$ 3,020.00

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

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

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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
MCCLINTON, JOANNA FRIENDS OF	From: <u>5/4/2021</u> To: <u>6/7/2021</u>

				DATE	AMOUNT		
Full Name of Contributor Pugliese Associates/ Vision Pac				MO	DAY	YEAR	\$ 860.00
Mailing Address 2205 Strawberry Square				5	20	2021	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor Pugliese Associates				Occupation Organizer			
Employer Mailing Address/Principal Place of Business 2205 Strawberry Square		City Harrisburg	State PA	Zip Code(Plus 4) 17101	Description of Contribution Parking, Desserts, Bar Service, Bar Keeper & Servers		

Full Name of Contributor Pugliese Associates/ Vision Pac				MO	DAY	YEAR	\$ 2,160.00
Mailing Address 2205 Strawberry Square				5	20	2021	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor Pugliese Associates				Occupation Organizer			
Employer Mailing Address/Principal Place of Business 2205 Strawberry Square		City Harrisburg	State PA	Zip Code(Plus 4) 17101	Description of Contribution Mrs Yummies for Ur Tummy		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE TOTAL 3,020.00
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**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate MCCLINTON, JOANNA FRIENDS OF	Reporting Period From <u>5/4/2021</u> To: <u>6/7/2021</u>
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				DATE	AMOUNT		
To Whom Paid	Mailing Address	City	State	MO	DAY	YEAR	
BattleAxe Digital	1320 Randolph Street NW	Washington	DC	6	1	2021	\$ 3,000.00
							Description of Expenditure Strategic Consulting Inv#1433
BattleAxe Digital	1320 Randolph Street NW	Washington	DC	5	24	2021	\$ 15,000.00
							Description of Expenditure Email Acquisition
M F Strategies, LLC	P O BOX 439	Harrisburg	PA	5	24	2021	\$ 4,177.28
							Description of Expenditure May 2021 Monthly Retainer
Perry Media Group	862 Fawn Lane	Hummelstown	PA	6	4	2021	\$ 4,000.00
							Description of Expenditure Caucus Retreat
Muslims 4 Humanity	413 South 60th Street	Philadelphia	PA	5	14	2021	\$ 1,000.00
							Description of Expenditure Silver Sponsorship

To Whom Paid Joanna McClinton			MO	DAY	YEAR	
Mailing Address 6021 Washington Ave			5	14	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Reimbursement/Speaker's Dinner			
To Whom Paid T D Bank			MO	DAY	YEAR	
Mailing Address 121 South Board Street			5	31	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Bank Fees March - May 2021			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 27,610.28

