

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 :		2002149		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF THADDEUS KIRKLAND												
Street Address:												
City: CHESTER						State: PA			Zip Code: 19016			
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.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2014	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
				6	10	2014		9	15	2014		
A. Amount Brought Forward From Last Report						\$ 12,245.03						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,900.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 14,145.03						
D. Total Expenditures (From Schedule III)						\$ 12,647.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,498.03						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

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

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

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF THADDEUS KIRKLAND	From: <u>6/10/2014</u> To: <u>9/15/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 600.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 600.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 300.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,300.00

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

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,900.00
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

Name of Filing Committee or Candidate FRIENDS OF THADDEUS KIRKLAND	Reporting Period From: <u>6/10/2014</u> To: <u>9/15/2014</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 PA OPHTHALMOLOGY PAC			MO	DAY	YEAR	\$ 200.00
Mailing Address			9	9	2014	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee OUTDOOR ADVERTISING PAC			MO	DAY	YEAR	\$ 200.00
Mailing Address			9	9	2014	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee PENNSYLVANIA MOTOTOR TRUCK ASSOCIATION PAC			MO	DAY	YEAR	\$ 200.00
Mailing Address			9	9	2014	
City CAMP HILL	State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 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	Reporting Period
FRIENDS OF THADDEUS KIRKLAND	From: <u>6/10/2014</u> To: <u>9/15/2014</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$300.00	
ZPAC								
Mailing Address				9	9	2014		
City	MEDIA	State	Zip Code (Plus 4)					
		PA	19063					

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

PAGE TOTAL
\$ 300.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

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

Name of Filing Committee or Candidate FRIENDS OF THADDEUS KIRKLAND	Reporting Period From: <u>6/10/2014</u> To: <u>9/15/2014</u>
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			DATE	AMOUNT
Full Name of Contributor HELEN RAINEY			MO	DAY
Mailing Address City CHESTER State PA Zip Code (Plus 4) 19013			9	9
			2014	\$ 500.00
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business			City	State
			Zip Code (Plus 4)	

Full Name of Contributor JEFFREY WARMANN			MO	DAY	YEAR	\$ 500.00
Mailing Address City CELINA State TX Zip Code (Plus 4)			9	15	2014	
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
\$ 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	
FRIENDS OF THADDEUS KIRKLAND		From: <u>6/10/2014</u> To: <u>9/15/2014</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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF THADDEUS KIRKLAND	From <u>6/10/2014</u> To: <u>9/15/2014</u>

				DATE		AMOUNT	
To Whom Paid MIANA DICKERSON				MO	DAY	YEAR	\$ 500.00
Mailing Address				6	18	2014	
City	CHESTER	State	PA	Zip Code (Plus 4)	19013	Description of Expenditure SCHOLARSHIP	
To Whom Paid CHARLES DIXON				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				6	18	2014	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)		Description of Expenditure PRINTING EXPENSE - PALM CARDS	
To Whom Paid MARY ELLEN BALCHUNIS FOR CONGRESS				MO	DAY	YEAR	\$ 500.00
Mailing Address				6	18	2014	
City	HAVERTOWN	State	PA	Zip Code (Plus 4)	19083	Description of Expenditure CAMPAIGN DONATION	
To Whom Paid JOHN KANE FOR SENATE				MO	DAY	YEAR	\$ 500.00
Mailing Address				6	18	2014	
City	HAVERTOWN	State	PA	Zip Code (Plus 4)	19083	Description of Expenditure CAMPAIGN DONATION	
To Whom Paid FRIENDS OF MARGO DAVIDSON				MO	DAY	YEAR	\$ 250.00
Mailing Address				6	23	2014	
City	UPPER DARBY	State	PA	Zip Code (Plus 4)	19082	Description of Expenditure CAMPAIGN DONATION	
To Whom Paid ACROSS COLORS FESTIVAL COMMITTEE				MO	DAY	YEAR	\$ 3,500.00
Mailing Address				7	7	2014	
City	CHESTER	State	PA	Zip Code (Plus 4)	19013	Description of Expenditure EXPENSES FOR ACROSS COLORS CULTURAL FESTIVAL	

To Whom Paid CLARENCE JENKINS			MO	DAY	YEAR	\$ 342.00
Mailing Address			7	27	2014	
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure REPAIRS FOR CHESTER FINE ARTS CENTER EAST			
To Whom Paid RON STARR			MO	DAY	YEAR	\$ 100.00
Mailing Address			7	27	2014	
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure CAMPAIGN WORK			
To Whom Paid ANDREW NORTHEN			MO	DAY	YEAR	\$ 350.00
Mailing Address			8	4	2014	
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure CAMPAIGN WORK			
To Whom Paid CASH			MO	DAY	YEAR	\$ 3,500.00
Mailing Address			8	7	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure EXPENSES- ACROSS COLORS CULTURAL FESTIVAL			
To Whom Paid CBS UNITED, INC			MO	DAY	YEAR	\$ 200.00
Mailing Address			8	18	2014	
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure BANQUET TICKETS			
To Whom Paid YOUTH INTERLOCK SOCIETY			MO	DAY	YEAR	\$ 75.00
Mailing Address			8	18	2014	
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure AD			
To Whom Paid ALS FOUNDATION			MO	DAY	YEAR	\$ 100.00
Mailing Address			9	2	2014	
City ALBERT LEA	State MN	Zip Code (Plus 4) 56007	Description of Expenditure ICE BUCKET CHALLENGE DONATION			
To Whom Paid TRUSTEES UNION OF CHESTER & VICINITY			MO	DAY	YEAR	\$ 30.00
Mailing Address			9	9	2014	
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure AD			

To Whom Paid CASH			MO	DAY	YEAR	\$ 500.00
Mailing Address			9	10	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure EXPENSES FOR VISIT BY CANDIDATE TOM WOLF			
To Whom Paid ACROSS COLORS FESTIVAL COMMITTEE			MO	DAY	YEAR	\$ 700.00
Mailing Address			9	12	2014	
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure EXPENSES FOR ACROSS COLORS CULTURAL FESTIVAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 13,147.00

