

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: P.O. BOX 755 | | | | | | | | | | | | |
| 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 |
|---|-------------|

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 200 N. THIRD ST. SUITE 1500 | | | 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 200 N THIRD ST SUITE 1500 | | | 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 910 LINDA LANE | | | 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 | | | | | | | | |
| 50 S. PROVIDENCE RD | | | | | | | | |
| City | MEDIA | State | Zip Code (Plus 4) | 9 | 9 | 2014 | | |
| | | 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> |
|--|--|

| | | | | DATE | AMOUNT |
|--|----|-------------|-------------------|--------------|--------------------------|
| Full Name of Contributor | MO | DAY | YEAR | | |
| HELEN RAINEY | | | | | |
| Mailing Address 1022 W. EIGHTH ST | 9 | 9 | 2014 | \$ | 500.00 |
| City CHESTER State PA Zip Code (Plus 4) 19013 | | | | | |
| Employer Name | | | Occupation | | |
| Employer Mailing Address/Principal Place of Business | | City | | State | Zip Code (Plus 4) |

| Full Name of Contributor | MO | DAY | YEAR | | |
|---|----|-------------|-------------------|--------------|--------------------------|
| JEFFREY WARMANN | | | | | |
| Mailing Address 2774 OAKWOOD DR | 9 | 15 | 2014 | \$ | 500.00 |
| City CELINA State TX 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 |
| \$ 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 |
| | <div style="display: flex; justify-content: space-between;"> From: To: </div> |

| | | | | 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 RECIEVED - 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: |
|---------------------------------------|--|

| | | | 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 P.O. BOX 1619 | | | 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 209 HARDING AVE | | | 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 17 E. 7TH ST STREET | | | 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 1115 MEADON LANE | | | 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 P.O. BOX 552 | | | 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 P.O. BBOX 6051 | | | 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 731 W. 7TH ST STREET | | | 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 17 E. 7TH ST | | | 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 |

