

Commonwealth of Pennsylvania

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.	2ND FRIDAY PRE-ELECTION	5.X	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	
		9	16	2014	TO	10	20	2014		
A. Amount Brought Forward From Last Report				\$		1,498.03				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		4,800.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		6,298.03				
D. Total Expenditures (From Schedule III)				\$		1,935.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		4,363.03				
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
 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
FRIENDS OF THADDEUS KIRKLAND	From: <u>9/16/2014</u> To: <u>10/20/2014</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)	\$ 0.00
All Other Contributions (Part B)	\$ 300.00
TOTAL for the Reporting Period (2)	\$ 300.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 3,500.00
TOTAL for the Reporting Period (3)	\$ 4,500.00

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.)	\$ 4,800.00
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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	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
FRIENDS OF THADDEUS KIRKLAND	From: <u>9/16/2014</u> To: <u>10/20/2014</u>

				DATE	AMOUNT
Full Name of Contributor			MO	DAY	YEAR
PSECU					
Mailing Address					\$ 100.00
City HARRISBURG	State PA	Zip Code (Plus 4) 171109214	10	17	
Full Name of Contributor			MO	DAY	YEAR
MARY WALLACE HEWLETT					
Mailing Address					\$ 200.00
City DOWNINGTOWN	State PA	Zip Code (Plus 4) 19335	10	20	

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

PAGE TOTAL
\$ 300.00

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 FRIENDS OF THADDEUS KIRKLAND	Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee 1776 PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			9	17	2014	
City PLYMOUTH MEETING	State PA	Zip Code (Plus 4) 19462				
Full Name of Contributing Committee PECO PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			9	30	2014	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

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

PAGE TOTAL
\$ 1,000.00

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 FRIENDS OF THADDEUS KIRKLAND	Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</u>
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				DATE	AMOUNT		
Full Name of Contributor NICHOLAS SAKIEWICZ				MO	DAY	YEAR	\$ 2,500.00
Mailing Address				10	9	2014	
City GLEN MILLS	State PA	Zip Code (Plus 4) 19342					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor LIVIA SMITH				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				10	16	2014	
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)	

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

PAGE TOTAL
\$ 3,500.00

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		
				\$	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 FRIENDS OF THADDEUS KIRKLAND	Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</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: _____

			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 From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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
FRIENDS OF THADDEUS KIRKLAND	From <u>9/16/2014</u> To: <u>10/20/2014</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
ANDREW NORTHERN	9	16	2014	\$ 350.00
Mailing Address				
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure	
			CAMPAIGN WORK	
To Whom Paid	MO	DAY	YEAR	
CASH				
Mailing Address	9	22	2014	\$ 100.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
			POSTAGE	
To Whom Paid	MO	DAY	YEAR	
DYNAGRAPHIX				
Mailing Address	9	25	2014	\$ 485.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure	
			ELECTION DAY PALM CARD EXPENSE	
To Whom Paid	MO	DAY	YEAR	
MICHAEL MILLER - INTERNET CAFE				
Mailing Address	10	10	2014	\$ 400.00
City CHESTER	State PA	Zip Code (Plus 4) 19016	Description of Expenditure	
			DOWN PAYMENT FOR OCTOBER FUND RAISER VENUE	
To Whom Paid	MO	DAY	YEAR	
BRIAN KIRKLAND				
Mailing Address	10	10	2014	\$ 500.00
City CHESTER	State PA	Zip Code (Plus 4) 19019	Description of Expenditure	
			BEVERAGE EXPENSE FOR OCTOBER FUNDRAISER	
To Whom Paid	MO	DAY	YEAR	
ISLAMIC CENTER OF CHESTER, INC				
Mailing Address	10	14	2014	\$ 100.00
City CHESTER	State PA	Zip Code (Plus 4) 19013	Description of Expenditure	
			PATRONAGE AD	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 1,935.00

