Campaign Finance Report

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

Filer Identificati Number :			Rep File			CANI	DID	DATE		СОМ	1ITTEE	✓	LOBI	BYIST				
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	NDS	S OF	THADD	EU	S KIRI	KLAN	ID		·				
Street Address:	P.O. BOX 755																	
City:	CHESTER							State:		PA			Zip Cod	le: 19	9016			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2		30 DA PRIMA		PC	OST-	3.		AMENDMENT Yes REPORT?					/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5		30 DA ELECT		POST- 6. TERMINATION REPORT?					Yes	No	•	/	
report type)	ANNUAL REPORT	7. X	Year 2016					IG MET CHECK					PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF	ELEC	TIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YE	AR	Number	code			couc	
								1	11		8	2016		(SEE IN	STRUCTI	ONS FOR O	ODES)	1
	Summary of Receipts and MO DAY Y							МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	rrom:	1	11 29	2	016	T	0	1	12	3	1	2016						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				7	15.02						
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule :	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				7	15.02						
D. Total Expend	ditures (From Scho	edule II	I)				\$				5	52.08						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$				1	62.92						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00			•			
				AFF	'IDA'	VI٦	ΓSE	CTIO	V									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. I	If this	s is	a Car	ndidate	rep	port, c	andio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	s filed	on p	paper (or by ele	ectro	onic me	dium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me this day of	1	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ra	<u> </u>				-		-				Prin	ted Name	e			-
My Commission Ex	_								-				Ema	il				-
	мо	D/	ΑΥ	YR			•			Are	a Cod	e	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	ndid	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	cal	comm	ittee has	s no	t violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this								Signature of Candidate							-		
	day of						•		-				Printe	d Name				-
	Signature						•		_									_
My Commission Exp	-												Ema	il				_
	МО	DA	λΥ	YR					-	Area (Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF THADDEUS KIRKLAND	From:	11/29/201	<u>6</u> То:	12/31/2016
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)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the				
						То	To:		
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	!	I	!		<u> </u>			DAGE TOTAL	

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

PAGE TOTAL
\$ 0.00

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						
Fre				From: T				o:	
					DATE		Α	MOUNT	
Full Name of Contributor				МО	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 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				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod				
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE TOTAL 0.00	

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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	od	
FRIENDS OF THADDEUS KIRKLAND	From:	<u>11/29/2016</u> To:	12/31/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	l .	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
FRIENDS OF THADDEUS KIRK	KLAND		From	From <u>11/29/2016</u> To: <u>1</u>			
				DATE			AMOUNT
To Whom Paid CASH			МО	DAY	YEAR		
Mailing Address			12	30	2016	\$	502.08
City	State	Zip Code (Plus 4)		otion of Exp			
To Whom Paid 3 SHADES OF BLACKNESS			МО	DAY	YEAR		
Mailing Address 535 AVENU	JE OF THE STATES		6	21	2016	\$	50.00
City CHESTER	State PA	Zip Code (Plus 4) 19013	1 -	otion of Exp	penditure		
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item I).).				PAGE TOTAL

552.08