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 :	on 2016	0113			Rep File			CAND	IDATE		СОМ	1ITTEE	✓	LOBE	SYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BRIAN KIRKLAND											-					
Street Address:	P.O. BOX 755															
City:	CHESTER							State:	PA			Zip Code: 19016				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2. X	30 DA		POST-	3.		AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2018					NG METH CHECK (PAPER		/	DISKE	TTE
Name of Office S	- Sought by Candida	te:						DATE	OF ELE	CTI	ON	ty Code	County Code			
								МО	DAY	Υ	EAR	Number	Code	DEM	l	
								1	1	6	2018		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	2			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		3 27	2	018	Т	0	,	1	30	2018					
A. Amount Bro	Amount Brought Forward From Last Report \$ 13,057.23															
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$									
C. Total Funds Available (Sum Of Lines A and B) \$ 13,257.23																
D. Total Expenditures (From Schedule III)									3,	460.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line C	E)			\$			9,	797.23					
F. Value Of In-	Kind Contributions	s Receiv	ed (From So	hedu	le II))	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1		
				AFF	IDA	١VI	ΓSE	CTION								
	s a Committee rep	-	_													
I swear (or affirm) correct and comple) that this report, incl ete.	luding the	attached sch	edules	s filed	l on	paper	or by elec	tronic n	nediun	ı, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	5	20							:	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu						- -					Prin	ted Name	e		_
My Commission Ex	Signatu opires	ie										Ema	il			
	мо	D	AY	YR			_		Area Code Daytime Telephone Number							
Part II- If this is	a report of a cand	didate's	authorized	Comn	nitte	e, C	andid	ate shal	all sign here.							
I swear (or affirm) No 320) as amende		ny knowle	edge and belie	ef this	politi	ical	comm	ittee has	not violated any provisions of the act of June 3,1937 (P.L. 1333,							1333,
Sworn to and subsc	ribed before me this								Signature of Candidate							
	day of 						_		Printed Name							
	Signature						-									
My Commission Exp	_											Ema	il			
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BRIAN KIRKLAND	From:	3/27/20:	<u>18</u> To:	4/30/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	200.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	200.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE 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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	nme of Filing Committee or Candidate			Reporting Period					
			From:						
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name		•		Occupat	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL	
		, .5.,				4	•	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	Reporting Per	riod	
FRIENDS OF BRIAN KIRKLAND	From:	3/27/2018 To :	4/30/2018

			D	ATE		AMOUNT
Full Name CHESTER TOWNSHIP COUGARS			МО	DAY	YEAR	
Mailing Address P.O. BOX 110					2017	\$ 200.00
City CHESTER	State PA	Zip Code (Plus 4) 19016	12	6	2017	
Receipt Description CHECK WAS	NEVER CASHED	BY RECIPIENT				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ 200.00

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 BRIAN KIRKLAND	From:	3/27/2018 To :	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

		T					
Name of Filing Committee or	Candidate		Reportir	ng Period			
FRIENDS OF BRIAN KIRKLAI	ND		From	3/2	7/2018	То:	4/30/2018
				DATE			AMOUNT
To Whom Paid LIVIA SMITH			мо	DAY	YEAR		
Mailing Address 930 E. 18	TH ST.		1	16	2018	\$	40.00
City CHESTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19013		JRSEMENT			MILK
To Whom Paid CHESTER CAMPAIGN			мо	DAY	YEAR		
Mailing Address 403 AVEN	IUE OF THE STATES		1	19	2018	\$	240.00
City CHESTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19013	4 TICKI	ETS - BAN	QUET		
To Whom Paid 3 SHADES OF BLACKNESS			мо	DAY	YEAR		
Mailing Address 517 AVEN	IUE OF THE STATES		2	26	2018	\$	300.00
City CHESTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19013		RENTAL			
To Whom Paid BOYS AND GIRLS CLUB OF C	CHESTER		мо	DAY	YEAR		
Mailing Address 205 E. 7T	TH ST		4	13	2018	\$	500.00
City CHESTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19013	DONAT				
To Whom Paid KIRKLAND FOR CONGRESS			МО	DAY	YEAR		
Mailing Address 403 AVEN	IUE OF THE STATES		4	20	2018	\$	2,000.00
City CHESTER	State	Zip Code (Plus 4)	Descrin	tion of Exp	enditure	<u> </u>	

19013

CONTRIBUTION TO THADDEUS KIRKLAND FOR

CONGRESS

							0_ 12
To Whom Paid MALCOM YATES Mailing Address 1048 YATES AVE			МО	DAY	YEAR		
			4	20	2018	\$	30.00
City MARCUS HOOK	State PA	Zip Code (Plus 4) 19061	Description of Expenditure REIMBURSEMENT - EVENT TICKET				
To Whom Paid NCBW DELCO CHAPTER			МО	DAY	YEAR		
Mailing Address P.O. BOX 82			4	24	2018	\$	50.00
City SWARTHMORE	State PA	Zip Code (Plus 4) 19081	Description of Expenditure AD				
To Whom Paid CHESTER CHAPTER NAACP			МО	DAY	YEAR		
Mailing Address P.O. BOX 863			4	24	2018	\$	50.00
City CHESTER	State PA	Zip Code (Plus 4) 19016	Description of Expenditure TICKET -BANQUET				
To Whom Paid FRIENDS OF EMILIO			мо	DAY	YEAR		
Mailing Address P.O. BOX 555			4	26	2018	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONRIBUTION TO FRIENDS OF EMILIO				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
Enter Grand Total of Expen	uitures on Page 1, Re	port cover Page, Item D	'-			\$	3,460.00