Campaign Finance Report

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

Filer Identificat Number :	ion 2016	0113			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
	Committee, Candid	ate or Lo	obbyist:			-	BRIAN KI	IRKLAN	D					
Street Address:														
City:	CHESTER						State:	PA		Zip Co	de: 19	016		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 D/ PRIM		POST-	3.		AMENDMENT REPORT?		No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5. X	30 D/ ELEC		POST-	6.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2018				NG METHO CHECK OI		PAPER			\checkmark	DISKE	TTE
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR			DEN	1	
							11		6 2018		(SEE INS	STRUCTIO	ONS FOR	CODES)
Summary of Expenditures	Receipts and	мо	DAY	YEAR		_	мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
			9 18	20	018 T	0	10	2	2 2018	3				
	ought Forward From		•			\$			4,460.03	-				
	ary Contributions			Sched	dule I)	\$			10,151.59	-				
	Available (Sum Of					\$			14,611.62	-				
	ditures (From Sch		-			\$			4,340.00	_				
	• Balance (Subtrac			-	- II)	\$			10,271.62	1				
	ts And Obligations		•		e II)	\$			0.00	-				
		(-		\$			0.00					
PART I - If this i	s a Committee rep	ort, trea	surer sian				CTION	eport, ca	andidate si	an here.				
) that this report, incl		-					• •		-		vledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	5	20						Signatur	e of Perso	on Submitt	ing Rep	ort	
	Signatu	re				-				Prir	nted Name	1		
My Commission E	-					_				Ema	ail			
	мо	D/	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
	a report of a cand) that to the best of n ed.				•			•		sions of th	ie act of Ju	ıne 3,19	937 (P.L	. 1333,
Sworn to and subs	cribed before me this day of		20						2	Signature	of Candida	ite		
						-				Printe	ed Name			
My Commission Ex	Signature pires					-		Email						
	мо	D	AY	YR				Area C	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	of Filing Committee or Candidate Reporting Period					
FRIENDS OF BRIAN KIRKLAND	From:	<u>9/18/201</u>	<u>8</u> To:	<u>10/22/2018</u>		
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)	\$	1,350.00				
TOTAL for the Reporting	g Period	(2)	\$	1,350.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	2,250.00		
All Other Contributions (Part D)			\$	5,551.59		
TOTAL for the Reporting	g Period	(3)	\$	7,801.59		
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)			_			
TOTAL for the Reporting	g Period	(4)	\$	0.00		
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			\$	9,151.59		

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 Candidat	e		Reporting Period					
					From: To:			
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$	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 Candid	ate		Reportin	g Po	eriod			
FRIENDS OF BRIAN KIRKLAND			From:	rom: <u>9/18/2018</u> To: <u>10/2</u>				<u>10/22/2018</u>
					DATE			AMOUNT
Full Name of Contributor THOMAS WHITE			мо		DAY	YEAR		
Mailing Address	-						\$	100.00
City CHESTER	State PA	Zip Code (Plus 4)	0	9	2018		
Full Name of Contributor	FA	19015						
ROBERT SHAUGHNESSY			мо		DAY	YEAR		
Mailing Address							\$	100.00
City CHESTER	State	Zip Code (Plus 4)	0	9	2018		
	PA	19013						
Full Name of Contributor			мо		DAY	YEAR		
JOHN BUSH								
Mailing Address	State	Zin Code (Dlug 4	<u> </u>	0	9	2018	\$	200.00
City CHESTER	PA	Zip Code (Plus 4 19013	, .	.0	5	2010		
Full Name of Contributor		19010						
CALVIN BERNARD			мо		DAY	YEAR		
Mailing Address							\$	200.00
City BROOKHAVEN	State	Zip Code (Plus 4)	0	9	2018		
	PA	19015						
Full Name of Contributor			мо		DAY	YEAR		
DAWN CHAVOUS								
Mailing Address				0		2010	\$	250.00
City PHILA	State PA	Zip Code (Plus 4 19146) .	.0	9	2018		
	FA	19140	_					
Full Name of Contributor PORTIA WEST			мо		DAY	YEAR		
Mailing Address							\$	250.00
City PHILA	State	Zip Code (Plus 4) :	0	9	2018		
	РА	19013						
Full Name of Contributor			мо		DAY	YEAR		
JOAN NEAL								
Mailing Address				0	_	2010	\$	250.00
City CHESTER	State	Zip Code (Plus 4)	.0	9	2018		
	PA	19013						

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	g Period				
FRIENDS OF BRIAN KIRKLAN	D		From:	<u>9/1</u>	.8/2018	То:	<u>1</u>	0/22/2018
		•		DA	TE			AMOUNT
Full Name of Contributing Cor LABORERS DISTRICT PAC FU				мо	DAY	YEAR	\$	500.00
Mailing Address City PHILA	State PA				9	2018		
Full Name of Contributing Con MONROE ENERGY PAC	Full Name of Contributing Committee MONROE ENERGY PAC				DAY	YEAR	\$	1,000.00
Mailing Address City TRAINER	State PA	Zip Code 19061	(Plus 4)	10	9	2018		1,000.00
Full Name of Contributing Cor COMMONWEALTH HERITAGE		·		мо	DAY	YEAR	\$	750.00
Mailing Address City	State	Zip Code	(Plus 4)	10	9	2018		
Enter Grand Total of Part C	on Schedule I, Detaile	ed Summary Pag	ge, Sectio	n 3.			\$	PAGE TOTAL 2.250.00

2,250.00

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				Repo	orting Pe	riod				
FRIE	NDS OF BRIAN KIRKLAND				Fron	n:	<u>9/18/2</u>	<u>018</u> To	:	<u>10/22/2018</u>	
						DA	ATE			AMOUNT	
Full N	ame of Contributor					мо	DAY	YEAR		200.00	
RICH	ARD KNOX					110			\$	300.00	
Mailin	g Address					10	9	2018			
City	BROOKHAVEN	State	Zij	o Code (Plus	4)		-				
		PA	19	015							
Emplo	oyer Name					Occupation					
Employer Mailing Address/Principal Place of Business City					State		Zip Co	ode (Plus 4)			
Full N	ame of Contributor								<u> </u>		
DRAK	E NAKAISHI					мо	DAY	YEAR	\$	500.00	
Mailin	ng Address					10	9	2018			
City	WAYNE	State	Zij	o Code (Plus	4)	10	9	2010			
		PA	19	087							
Emplo	oyer Name					Occupat	ion				
Emplo	oyer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus 4)	
Full N	ame of Contributor								<u> </u>		
KENN	ETH SCHUSTER					мо	DAY	YEAR	\$	500.00	
Mailin	ng Address					10	9	2018			
City	MEDIA	State	Zij	o Code (Plus	4)	10	9	2010			
		PA	19	063							
Emplo	oyer Name					Occupat	ion				
Emplo	oyer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus 4)	
Full N	ame of Contributor					мо	DAY	YEAR	•	500.00	
LIVIA	SMITH					_			\$	500.00	
	ng Address					10	9	2018			
City	CHESTER	State		o Code (Plus	4)						
		PA	19	013				I	I		
	mployer Name		Occupation								
Emplo	oyer Mailing Address/Principal Plac	e of Business		City		State			Zip Code (Plus 4)		

III Name of Contributor								
MICHAEL LENZA				мо	DAY	YEAR	\$	500.00
Mailing Address				10	9	2010	1	
City MILFORD	State	Zi	p Code (Plus 4)	10	9	2018		
	I _{MA}		1757					
Employer Name				Occupat	ion			
Employer Mailing Address/Principal	Place of Business		City		State		Zip Cod	e (Plus 4)
Full Name of Contributor				мо	DAY	YEAR	\$	500.00
HARRY OXMAN							-	
Mailing Address				10	9	2018		
City PHILA	State		p Code (Plus 4)					
	I PA	I 19	9106				I	
Employer Name			[Occupat				
Employer Mailing Address/Principal Place of Business City				State		Zip Cod	e (Plus 4)	
Full Name of Contributor EVAN PROCHNIAK				мо	DAY	YEAR	\$	500.00
Mailing Address				10			1	
City SWARTHMORE	State	Zi	p Code (Plus 4)	10	9	2018		
	PA		9081					
Employer Name		. 1.	,001	Occupat	ion		-	
Employer Mailing Address/Principal	Place of Business		City	Occuput	State		Zin Cod	e (Plus 4)
			ony					
Full Name of Contributor				мо		VEAD		500.00
Full Name of Contributor RA-TAH JOHNSON				мо	DAY	YEAR	\$	500.00
							\$	500.00
RA-TAH JOHNSON	State	Zi	p Code (Plus 4)	мо 10	DAY 9	YEAR 2018	\$	500.00
RA-TAH JOHNSON Mailing Address	State PA		p Code (Plus 4) 9064				\$	500.00
RA-TAH JOHNSON Mailing Address					9		\$	500.00
RA-TAH JOHNSON Mailing Address City SPRINGFIELD	_{PA}			- 10	9			500.00 e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name	_{PA}		9064	- 10	9 ion	2018	Zip Cod	e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal	_{PA}		9064	- 10 Occupat	ion State			
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor	PA Place of Business		0064 City	- 10 Occupat	ion State	2018	Zip Cod	e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR	_{PA}		9064	- 10 Occupat	ion State DAY	2018 YEAR	Zip Cod	e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address	PA Place of Business		0064 City	- 10 Occupat	ion State DAY	2018 YEAR	Zip Cod	e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address	PA Place of Business State		City p Code (Plus 4)	- 10 Occupat	ion State DAY 9	2018 YEAR	Zip Cod	e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address City BROOKHAVEN	PA Place of Business State PA		City p Code (Plus 4)	- 10 Оссират МО 10	ion State DAY 9	2018 YEAR	Zip Cod	e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address City BROOKHAVEN Employer Name Employer Mailing Address/Principal Full Name of Contributor	PA Place of Business State PA		City p Code (Plus 4) 0015	- 10 Оссират МО 10	ion State DAY 9	2018 YEAR	Zip Cod	e (Plus 4) 500.00 e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address City BROOKHAVEN Employer Name Employer Mailing Address/Principal Full Name of Contributor NAFIS NICHOLS	PA Place of Business State PA		City p Code (Plus 4) 0015	MO 10 10 0ccupat	ion State DAY 9 ion State	2018 YEAR 2018	Zip Cod	e (Plus 4) 500.00
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address City BROOKHAVEN Employer Name Employer Mailing Address/Principal Full Name of Contributor NAFIS NICHOLS Mailing Address	PA Place of Business State PA	19	City p Code (Plus 4) 0015 City	MO 10 10 0ccupat	ion State DAY 9 ion State	2018 YEAR 2018	Zip Cod	e (Plus 4) 500.00 e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address City BROOKHAVEN Employer Name Employer Mailing Address/Principal Full Name of Contributor NAFIS NICHOLS	PA Place of Business State PA	19	City p Code (Plus 4) 0015	 10 Оссират МО Оссират 	ion State DAY 9 ion State	2018 YEAR 2018 YEAR	Zip Cod	e (Plus 4) 500.00 e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address City BROOKHAVEN Employer Name Employer Mailing Address/Principal Full Name of Contributor NAFIS NICHOLS Mailing Address	PA Place of Business State PA Place of Business	10	City p Code (Plus 4) 0015 City	 10 Оссират МО Оссират 	ion State DAY 9 ion State	2018 YEAR 2018 YEAR	Zip Cod	e (Plus 4) 500.00 e (Plus 4)
RA-TAH JOHNSON Mailing Address City SPRINGFIELD Employer Name Employer Mailing Address/Principal Full Name of Contributor RONALD STARR Mailing Address City BROOKHAVEN Employer Name Employer Mailing Address/Principal Full Name of Contributor NAFIS NICHOLS Mailing Address	PA Place of Business State PA Place of Business Place of Business	10	City p Code (Plus 4) 0015 City p Code (Plus 4)	 10 Оссират МО Оссират 	ion State DAY 9 ion 9 State 9	2018 YEAR 2018 YEAR	Zip Cod	e (Plus 4) 500.00 e (Plus 4)

ull Name of Contributor LLEN KLENOTIZ						750.00	
		МО	DAT	ILAK	\$	750.00	
		10	Q	2018			
State	Zip Code (Plus 4)	10	5	2010			
		Occupat	on				
e of Business	City		State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							
	e of Business	e of Business City	e of Business City	State Zip Code (Plus 4) 10 9 State Occupation e of Business City State	State Zip Code (Plus 4) 10 9 2018 occupation e of Business City State dule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) 10 9 2018 Occupation e of Business City State Zip Code PAG	

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 Cand	lidate		Report	ing Peri	od				
			From:			То:			
				C	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	I						1		
			.					PAGE TOT	AL
Enter Grand Total of Part E on S	chedule I, Detailed	I Summary Page,	Section	4.			\$		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 BRIAN KIRKLAND	From:	<u>9/18/2018</u> то:	<u>10/22/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PI	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	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:			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 Schedule II, In-Kind Contributions Deta Section 2.			iled Sum	mary Pag	je,		PAGE TOTA	L
						\$		0.00

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	porting I	Period			
			From:			To:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	ation			
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contribution Summary Page, Section 3.			etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
FRIENDS OF BRIAN KIRKLAND					<u>9/18</u>	<u>3/2018</u>	То:	<u>10/22/2018</u>		
					DATE					
To Whom Paid					DAY	YEAR				
MAHKI LITTLE										
Mailing Address					7	2018	\$	1,000.00		
City	CHESTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
		PA	19013	SCHOLARSHIP						
To Whom Paid NKOYA KABBAH					DAY	YEAR				
Mailing Address					7	2018	\$	1,000.00		
City	CHESTER	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	19013	SCHOLARSHIP						
To Whom Paid DELAWARE COUNTY LITERACY COUNCIL					DAY	YEAR				
Mailing	Mailing Address					2018	\$	70.00		
City	City CHESTER State Zip Code (Plus 4) PA 19013				Description of Expenditure					
					TWO TICKETS FOR ANNUAL AWARDS					
To Who	To Whom Paid					YEAR				
CHARLES DIXON/DYNAGRAPHIX					DAY	TEAR				
Mailing	Mailing Address					2018	\$	450.00		
City	PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	19124	CAMPAIGN LITERATURE						
To Who	om Paid			мо	DAY	YEAR				
DAVID CARTER										
Mailing Address					9	2018	\$	400.00		
City	City CHESTER State Zip Code (Plus 4)			Description of Expenditure						
	PA 19013				CAMPAIGN CAPS					
To Whom Paid					DAY	YEAR				
CHARL	CHARLES DIXON/DYNAGRAPHIX									
Mailing	Mailing Address					2018	\$	1,170.00		
City	PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	19124	ELECTION DAY PALM CARDS						

	hom Paid CUS HOOK/TRAINER FIRE	мо	DAY	YEAR				
Mailing Address				10	15	2018	\$	250.00
City	MARCUS HOOK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19061	DONATION FOR OPEN HOU			JSE	
Fata	Crand Tatal of Frenced			PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								4,340.00
1								