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 Cod | le: 19 | 9016 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2 | 2. | 30 DA | | POST- | 3. | | AMENDM REPORT? | | Yes | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | y pri | E- 5 | 5. X | 30 DA | | POST- | 6. | | TERMINA REPORT? | | Yes | No | \ |
| report type) | ANNUAL REPORT | 7. | Year 2018 | | | | | NG METH CHECK C | | | | PAPER | | / | DISKE | TTE |
| Name of Office S | - Sought by Candida | te: | | | | | | DATE (| F ELE | CTIC | N | District Number | Office Code | Par | ty Code | County Code |
| | | | | | | | | МО | DAY | ΥI | AR | | | DEM | 1 | |
| | | | | | | | | 11 | | 6 | 2018 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) |
| | Receipts and | МО | DAY | YEAR | 1 | | | МО | DAY | ΥI | EAR | FO | R OFFI | CE USE | ONLY | |
| Expenditures | from: | | 9 18 | 2 | 018 | T | 0 | 10 |) | 22 | 2018 | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | 4,4 | 160.03 | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (Fron | Sche | dule | 1) | \$ | | | 10, | 151.59 | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 14,611.62 | | | | | | | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) \$ 4,340.00 | | | | | | | | | | | | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line | C) | | | \$ | | | 10,2 | 71.62 | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedu | le II |) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | 1 | | |
| | | | | AFF | IDA | ١٧٧ | ΓSE | CTION | | | | | | | | |
| | s a Committee rep | • | | | | | | | | | _ | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | uding the | e attached sc | hedule | s filed | d on | paper | or by elec | tronic m | edium | , 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 | i | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Rep | ort | |
| | Signatur | | | | | | - - | | | | | Prin | ted Name | e | | |
| My Commission Ex | Signatu opires | ie | | | | | | | | | | Ema | il | | | |
| | мо | D | AY | YR | | | _ | | Ar | ea Coo | le | Daytim | e Teleph | one Nu | mber | _ |
| Part II- If this is | a report of a cand | lidate's | authorized | Comn | nitte | e, C | andid | ate shall | sign h | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of n | ny knowle | edge and beli | ef this | polit | ical | comm | ittee has | not viola | ted an | y provisi | ions of the | e act of J | une 3,19 | 937 (P.L. | 1333, |
| Sworn to and subsc | ribed before me this | | | | | | | | | | Si | ignature o | of Candid | ate | | |
| | day of | | | | | | _ | | | | | Printe | d Name | | | |
| | Signature | | | | | | - | | | | | | | | | |
| My Commission Exp | - | | | | | | | | | | | Ema | il | | | |
| | МО | D | AY | YR | t | | • | | 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: | 9/18/201 | <u>8</u> To: | 10/22/2018 |
| 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) | | | \$ | 1,350.00 |
| TOTAL for the Reporting |) 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 |) Period | (3) | \$ | 7,801.59 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | J 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 | | | \$ | 9,151.59 |

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 | | | |
| | | From: | | | | | | |
| | | 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 | | Rep | orting Po | eriod | | | | |
|--|--------------------|-----------------------------------|-----------|-------|-------|-----------------|----|------------|
| FRIENDS OF BRIAN KIRKLAND | | | Fro | m: | 9/18/ | 2018 T o |): | 10/22/2018 |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor THOMAS WHITE | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 100.00 |
| City CHESTER | State PA | Zip Code (Plus 4) 19013 | | 10 | 9 | 2018 | | |
| Full Name of Contributor ROBERT SHAUGHNESSY | | | | | DAY | YEAR | | |
| Mailing Address City CHESTER | State PA | Zip Code (Plus 4) 19013 | | 10 | 9 | 2018 | \$ | 100.00 |
| Full Name of Contributor JOHN BUSH | | | | МО | DAY | YEAR | | |
| Mailing Address 1609 EDGMONT AV | E | | | | | | \$ | 200.00 |
| City CHESTER | State PA | Zip Code (Plus 4) 19013 | | 10 | 9 | 2018 | | |
| Full Name of Contributor CALVIN BERNARD | | | | МО | DAY | YEAR | | |
| Mailing Address 4015 ELSON RD City BROOKHAVEN | State PA | Zip Code (Plus 4) 19015 | | 10 | 9 | 2018 | \$ | 200.00 |
| Full Name of Contributor DAWN CHAVOUS | | | | МО | DAY | YEAR | | |
| Mailing Address 2040 ELLLSWORTH | AVE | | | | | | \$ | 250.00 |
| City PHILA | State PA | Zip Code (Plus 4) 19146 | | 10 | 9 | 2018 | | |

| Full Name of Contributor PORTIA WEST | | | | DAY | YEAR | |
|--|-------------|-----------------------------------|----|-------|------------------|--------------|
| Mailing Address 2320 WALNUT ST APT F11 | | | | | | \$ 250.00 |
| City PHILA | State PA | Zip Code (Plus 4) 19013 | 10 | 9 | 2018 | |
| Full Name of Contributor | | | | | | |
| JOAN NEAL | | | МО | DAY | YEAR | |
| JOAN NEAL Mailing Address 1704 W 7 | TH ST | | мо | DAY 9 | YEAR 2018 | \$ 250.00 |

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

PAGE TOTAL \$ 1,350.00

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 | me of Filing Committee or Candidate Repor | | Reporting | Period | | | | |
|---|---|--------------------------|-------------|--------|--------|------|--------|------------|
| FRIENDS OF BRIAN KIRKLAND | | | From: | 9/1 | 8/2018 | То: | 10 | 0/22/2018 |
| | | | | DA | TE | | A | MOUNT |
| Full Name of Contributing Committee LABORERS DISTRICT PAC FUND | | | | МО | DAY | YEAR | | |
| lailing Address 665 N BROAD ST 5TH FL | | | | | | \$ | 500.00 | |
| City PHILA | State PA | Zip Code 19123 | e (Plus 4) | 10 | 9 | 2018 | 3 | |
| Full Name of Contributing Committee MONROE ENERGY PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 4101 POST RD | | | | | | | \$ | 1,000.00 |
| City TRAINER | State PA | Zip Code 19061 | e (Plus 4) | 10 | 9 | 2018 | 3 | |
| Full Name of Contributing Committee COMMONWEALTH HERITAGE PAC | | | | МО | DAY | YEAR | | |
| Mailing Address HARRISBURG PA | | | | | | | \$ | 750.00 |
| City | State | Zip Code | e (Plus 4) | 10 | 9 | 2018 | 3 | |
| | | | | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part C on School | dule I, Detailed Sum | nmary Pa | ige, Sectio | n 3. | | | \$ | 2,250.00 |

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 | Reporting Period | | | | | | |
|--|--------------------|-------------------|------------|------------------|------------|---------------|---------------|----------------|--------|--|
| FRIENDS OF BRIAN KIRKLAND | | | | Fron | n: | <u>9/18/2</u> | <u>018</u> To | o: <u>10/2</u> | 2/2018 | |
| | | | | | D/ | ATE | | AMOUN | г | |
| Full Name of Contributor ALLEN KLENOTIZ | | | | | мо | DAY | YEAR | | | |
| Mailing 37 DARLINGTON RD Address | GLEN MILLS PA | | | | | | | \$ | 750.00 | |
| City | State | Zip Code (Plus 4) | | s 4) | 10 | 9 | 2018 | | | |
| Employer Name | | | | | Occupat | tion | | - | | |
| Employer Mailing Address/Principal Place of Business City | | | | | State | | Zip Code (Plu | s 4) | | |
| Full Name of Contributor NAFIS NICHOLS | | | | | МО | DAY | YEAR | | | |
| Mailing 1832 W. 6TH ST | | | | | | | | \$ | 501.59 | |
| City CHESTER | State PA | | Code (Plus | 4) | 10 | 9 | 2018 | | | |
| Employer Name | | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | | State | | Zip Code (Plu | s 4) | |
| Full Name of Contributor RONALD STARR | | | | | мо | DAY | YEAR | | | |
| Mailing 32 HILL ST Address | | | | | | | | \$ | 500.00 | |
| City BROOKHAVEN | State PA | - | Code (Plus | i 4) | 10 | 9 | 2018 | | | |
| Employer Name | | | | | Occupat | tion | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | ı | State | | Zip Code (Plu | s 4) | | |

| Full Name of Contributor | | | МО | DAY | YEAR | | | |
|--|-------------|--------------------------------|-----------|--------------|------------------|-------------------|--|--|
| RA-TAH JOHNSON | | | | | | | | |
| Mailing 761 W SPROUL RD | | | | | | \$ 500.00 | | |
| City SPRINGFIELD | State | Zip Code (Plus 4) | 10 | 9 | 2018 | | | |
| | PA | 19064 | | | | | | |
| Employer Name | | | Occupat | tion | | 1 | | |
| Employer Mailing Address/Principal Place Business | e of | City | ı | State | | Zip Code (Plus 4) | | |
| Dusiness | | | | | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | |
| EVAN PROCHNIAK | | | MO | DAI | ILAK | | | |
| Mailing 20 GUERNSEY RD Address | | | | | | \$ 500.00 | | |
| City SWARTHMORE | State | Zip Code (Plus 4) | 10 | 9 | 2018 | | | |
| | PA | 19081 | | | | | | |
| Employer Name | | | | Occupation | | | | |
| Employer Mailing Address/Principal Place of City | | | | State | | Zip Code (Plus 4) | | |
| Business | | | | | | | | |
| Full Name of Contributor | | | | DAY | YEAR | | | |
| HARRY OXMAN | | | МО | DAY | TEAR | | | |
| Mailing Address 233 S. 6TH ST APT 2 | 302 | | | | | \$ 500.00 | | |
| City PHILA | State | Zip Code (Plus 4) | 10 | 9 | 2018 | | | |
| | PA | 19106 | | | | | | |
| Employer Name | | | Occupat | ion | | • | | |
| Employer Mailing Address/Principal Plac | e of | City | | State | | Zip Code (Plus 4) | | |
| Business | | | | | | | | |
| | | • | | | | | | |
| Full Name of Contributor | | <u> </u> | | DAY | W= - | | | |
| Full Name of Contributor MICHAEL LENZA | | <u> </u> | МО | DAY | YEAR | | | |
| | | <u> </u> | | | | \$ 500.00 | | |
| MICHAEL LENZA Mailing 54 CAMP ST | State | Zip Code (Plus 4) | MO | DAY 9 | YEAR 2018 | | | |
| MICHAEL LENZA Mailing 54 CAMP ST Address | State MA | Zip Code (Plus 4) 01757 | | | | | | |
| MICHAEL LENZA Mailing 54 CAMP ST | | | | 9 | | | | |
| MICHAEL LENZA Mailing 54 CAMP ST City MILFORD Employer Name Employer Mailing Address/Principal Place | МА | | 10 | 9 | | | | |
| MICHAEL LENZA Mailing 54 CAMP ST City MILFORD Employer Name | МА | 01757 | 10 | 9 :ion | | | | |

| Full Name of Contributor LIVIA SMITH Mailing 020 W 10TH CT | | | | мо | DAY | YEAR | | | |
|--|--------------------------|----------------|---------------------|---------------|---------------|-------------------|------------------------------------|--|--|
| Mailing 930 W 18TH ST | State | 7 : | Code (Dive 4) | 10 | 9 | 2018 | \$ 500.00 | | |
| City CHESTER | State | | Code (Plus 4) | | | | | | |
| | PA | 190 |)13 | | | | | | |
| Employer Name | | | | Occupat | tion | | | | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | State | | Zip Code (Plus 4) | | |
| Busiless | | | | | | | | | |
| | | | | | <u> </u> | l | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| KENNETH SCHUSTER | | | | 1410 | DAI | ILAK | | | |
| Mailing 334 W FRONT ST | | | | | | | \$ 500.00 | | |
| City MEDIA | State | Zip | Code (Plus 4) | 10 | 9 | 2018 | | | |
| 11257 | PA | 190 | 063 | | | | | | |
| | | | | | | | | | |
| Employer Name | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of City | | | <u> </u> | State | | Zip Code (Plus 4) | | | |
| Business | | | City | | | | , | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | | | | | |
| Full Name of Contributor DRAKE NAKAISHI | | | | МО | DAY | YEAR | | | |
| | S RD | | | | | | \$ 500.00 | | |
| DRAKE NAKAISHI Mailing 541 COLONEL DEWEE | S RD | Zip | Code (Plus 4) | мо 10 | DAY 9 | YEAR 2018 | | | |
| DRAKE NAKAISHI Mailing 541 COLONEL DEWEE | | Zip 190 | | | | | | | |
| DRAKE NAKAISHI Mailing 541 COLONEL DEWEE | State | | | | 9 | | | | |
| DRAKE NAKAISHI Mailing Address 541 COLONEL DEWEE City WAYNE Employer Name | State PA | | 087 | 10 | 9 cion | | | | |
| DRAKE NAKAISHI Mailing 541 COLONEL DEWEE City WAYNE | State PA | | | 10 | 9 | | | | |
| DRAKE NAKAISHI Mailing Address 541 COLONEL DEWEE City WAYNE Employer Name | State PA | | 087 | 10 | 9 cion | | | | |
| DRAKE NAKAISHI Mailing | State PA | | 087 | 10 | 9 cion | | | | |
| DRAKE NAKAISHI Mailing Address 541 COLONEL DEWEE City WAYNE Employer Name | State PA | | 087 | 10 | 9 cion | | | | |
| DRAKE NAKAISHI Mailing | State PA | | 087 | Occupat | 9 State | 2018 YEAR | Zip Code (Plus 4) \$ 300.00 | | |
| DRAKE NAKAISHI Mailing Address 541 COLONEL DEWEE City WAYNE Employer Name Employer Mailing Address/Principal Place Business Full Name of Contributor RICHARD KNOX Mailing | State PA | 190 | 087 | 10 Occupat | 9 State | 2018 | Zip Code (Plus 4) \$ 300.00 | | |
| Mailing Address 541 COLONEL DEWEE City WAYNE Employer Name Employer Mailing Address/Principal Place Business Full Name of Contributor RICHARD KNOX Mailing Address | State PA e of | 190 | City Code (Plus 4) | Occupat | 9 State | 2018 YEAR | Zip Code (Plus 4) \$ 300.00 | | |
| Mailing Address 541 COLONEL DEWEE City WAYNE Employer Name Employer Mailing Address/Principal Place Business Full Name of Contributor RICHARD KNOX Mailing Address | State PA e of State | 190 | City Code (Plus 4) | Occupat | 9 State DAY | 2018 YEAR | Zip Code (Plus 4) \$ 300.00 | | |
| Mailing Address 541 COLONEL DEWEE City WAYNE Employer Name Employer Mailing Address/Principal Place Business Full Name of Contributor RICHARD KNOX Mailing Address City BROOKHAVEN Employer Name | State PA e of State PA | 190 | City Code (Plus 4) | MO 10 | 9 State DAY | 2018 YEAR | Zip Code (Plus 4) \$ 300.00 | | |
| Mailing Address City WAYNE Employer Name Employer Mailing Address/Principal Place Business Full Name of Contributor RICHARD KNOX Mailing Address City BROOKHAVEN | State PA e of State PA | 190 | City Code (Plus 4) | MO 10 | 9 State DAY 9 | 2018 YEAR | Zip Code (Plus 4) \$ 300.00 | | |

PAGE 10

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

PAGE TOTAL

5,551.59

\$

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 Co | andidate | | Report | ting Perio | bd | | | |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
| | | | From: | | | То: | | |
| | | | | D | ATE | | AN | 10UNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | • | | | | | | |
| Enter Grand Total of Part E or | Schedule T Detaile | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Sammary r age, | Section | •• | | | \$ | 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 BRIAN KIRKLAND | From: | <u>9/18/2018</u> To: | 10/22/2018 | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candid | ate | | Reporting | | | | | |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|--|
| | | | 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL | |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , , | | PAGE TOTAL | |
| | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | | | |
|--|-------|------|------------------|------------------|-----|---------------------|------|------------|-----------------------------|----|--------|------|
| | | | | | Fro | m: | | То | : | | | |
| | | | | | | | DATE | | | | AMOUNT | |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | 1 | | | |
| Mailing Address | | | | | | | | | | \$ | | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | | | |
| Employer of Contributor | | | | | | Occupation | | | | | | |
| Employer Mailing Address/Principal Place of Business | | City | City | | | Zip Code(Plus 4) | | Desc | Description of Contribution | | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed | | | | | | | | PAGE TOTAL | | | | |
| Summary Page, Section 3. | | | | | | | 0.00 | | | | | |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---|--------------------|-----------------------------------|--|-------------|----------------|----------|----------|--|--|
| FRIENDS OF BRIAN KIRKLAND | | | From | 10/22/2018 | | | | | |
| | | | | DATE | | | AMOUNT | | |
| To Whom Paid MAHKI LITTLE | | | МО | DAY | YEAR | | | | |
| Mailing Address 2001 EDGMONT AVE | | | 8 | 7 | 2018 | \$ | 1,000.00 | | |
| City CHESTER | State | Zip Code (Plus 4) | Descrip | tion of Exp | ı Denditure | <u> </u> | | | |
| G.126.2. | PA | 19013 | SCHOLARSHIP | | | | | | |
| To Whom Paid NKOYA KABBAH | | | МО | DAY | YEAR | | | | |
| Mailing Address 400 W. 21ST ST | | | 8 | 7 | 2018 | \$ | 1,000.00 | | |
| City CHESTER | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| | PA | 19013 | SCHOLARSHIP | | | | | | |
| To Whom Paid DELAWARE COUNTY LITERACY COUNCIL | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | 9 | 13 | 2018 | \$ | 70.00 | | |
| City CHESTER | State PA | Zip Code (Plus 4) 19013 | Description of Expenditure TWO TICKETS FOR ANNUAL AWARDS | | | | | | |
| To Whom Paid CHARLES DIXON/DYNAGRAPHIX | | | МО | DAY | YEAR | | | | |
| Mailing Address 4324 TACKAWANNA ST UNIT 2A | | | 9 | 17 | 2018 | \$ | 450.00 | | |
| City PHILA State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | |
| | PA | 19124 | CAMPAIGN LITERATURE | | | | | | |
| | | | МО | DAY | YEAR | | | | |
| To Whom Paid DAVID CARTER | | | PIO | | | | | | |

Zip Code (Plus 4)

19013

Description of Expenditure

CAMPAIGN CAPS

State

PΑ

City

CHESTER

| To Whom Paid CHARLES DIXON/DYNAGRAPHIX | | | мо | DAY | YEAR | | | |
|---|--------------------|-----------------------------------|--|-----|------|----|------------|--|
| Mailing Address 4324 TACKAWANNA ST UNIT 2A | | | 10 | 16 | 2018 | \$ | 1,170.00 | |
| City PHILA | State PA | Zip Code (Plus 4) 19124 | Description of Expenditure ELECTION DAY PALM CARDS | | | | | |
| To Whom Paid MARCUS HOOK/TRAINER FIRE DEPARTMENT | | | МО | DAY | YEAR | | | |
| Mailing Address P.O. BOX 369 | | | 10 | 15 | 2018 | \$ | 250.00 | |
| City MARCUS HOOK | State PA | Zip Code (Plus 4) 19061 | Description of Expenditure DONATION FOR OPEN HOUSE | | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL | |
| | | | | | | \$ | 4,340.00 | |