### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 2002                         | 2149        |                        |        |       | port<br>ed B |                | CAND               | NDIDATE COMMITTEE V LOBBYIST |        |                    |                      |            |               |           |          |          |
|--|---------------------------------|-------------|------------------------|--------|-------|--------------|----------------|--------------------|------------------------------|--------|--------------------|----------------------|------------|---------------|-----------|----------|----------|
| Name of Filing C                         | Committee, Candid               | date or L   | obbyist:               | •      | FRIE  | END:         | S OF           | THADDE             | US KIR                       | KLAN   | ID                 |                      |            |               |           |          |          |
| Street Address:                          |                                 |             |                        |        |       |              |                |                    |                              |        |                    |                      |            |               |           |          |          |
| City:                                    | CHESTER                         |             |                        |        |       |              |                | State:             | PA                           |        |                    | Zip Cod              | le: 19     | 9016          |           |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE-   | - [   | 2. <b>X</b>  | 30 DA<br>PRIMA |                    | POST-                        | 3.     |                    | AMENDMENT<br>REPORT? |            | Yes           | No        | •        | <b>/</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY<br>ELECTION | PRE    | -     | 5.           | 30 DA          |                    | POST- 6.                     |        |                    | TERMINA<br>REPORT    |            | Yes           | No        | •        | <b>/</b> |
| report type)                             | ANNUAL REPORT                   | 7.          | <b>Year</b> 2019       |        |       |              |                | NG METH<br>CHECK O |                              |        |                    | PAPER                |            | $\overline{}$ | DISKE     | TTE      |          |
| Name of Office S                         | Sought by Candida               | nte:        | -                      |        |       |              |                | DATE C             | F ELECTION                   |        | District<br>Number | Office<br>Code       | Par        | ty Code       | Coun      |          |          |
|  |                                 |             |                        |        |       |              |                | МО                 | DAY                          | YE     | AR                 | rumber               | 10000      |               |           | couc     |          |
|  |                                 |             |                        |        |       |              |                | 11                 |                              | 5      | 2019               |                      | (SEE IN    | STRUCTI       | ONS FOR C | ODES)    | ,        |
| Summary of Receipts and MO DAY YEAR      |                                 |             |                        |        |       |              |                | МО                 | DAY                          | YE     | AR                 | FO                   | R OFFI     | CE USE        | ONLY      |          |          |
| Expenditures                             | s trom:                         |             | 4 2                    | 20     | 019   | T            | <u> </u>       | 5                  | 5                            | 6      | 2019               |                      |            |               |           |          |          |
| A. Amount Bro                            | ught Forward Fro                | m Last R    | eport                  |        |       |              | \$             |                    |                              | 4      | 123.28             |                      |            |               |           |          |          |
| B. Total Monet                           | ary Contributions               | And Rec     | eipts (From            | Sche   | dule  | e I)         | \$             |                    |                              | 31,5   | 97.22              |                      |            |               |           |          |          |
| C. Total Funds                           | Available (Sum O                | f Lines A   | and B)                 |        |       |              | \$             |                    |                              | 32,0   | 20.50              |                      |            |               |           |          |          |
| D. Total Expen                           | ditures (From Sch               | edule II    | I)                     |        |       |              | \$             |                    |                              | 11,0   | 22.00              |                      |            |               |           |          |          |
| E. Ending Cash                           | Balance (Subtrac                | t Line D    | From Line C            | )      |       |              | \$             |                    |                              | 20,9   | 98.50              |                      |            |               |           |          |          |
| F. Value Of In-                          | Kind Contribution               | s Receiv    | ed (From Sc            | hedu   | le II | [)           | \$             |                    |                              |        | 0.00               |                      |            |               |           |          |          |
| G. Unpaid Debt                           | ts And Obligations              | (From S     | Schedule IV)           | 1      |       |              | \$             |                    |                              |        | 0.00               |                      |            | 1             |           |          |          |
|  |                                 |             |                        | AFF    | IDA   | ٩VI          | T SE           | CTION              |                              |        |                    |                      |            |               |           |          |          |
| PART I - If this is                      | s a Committee rep               | ort, trea   | surer sign h           | ere. 1 | [f th | is is        | a Can          | ndidate r          | eport, o                     | candi  | date sig           | ın here.             |            |               |           |          |          |
| I swear (or affirm) correct and comple   | ) that this report, inc<br>ete. | cluding the | e attached scho        | edules | filed | d on         | paper (        | or by elect        | tronic m                     | edium  | , are to t         | he best o            | f my kno   | wledge        | and belie | ef , tru | 16       |
| Sworn to and subs                        | cribed before me the            | is          | 20                     |        |       |              |                |                    |                              | S      | ignature           | of Perso             | n Submit   | ting Rep      | oort      |          | _        |
|  | Signate                         | ıre         |                        |        |       |              | -              |                    |                              |        |                    | Prin                 | ted Name   | e             |           |          | -        |
| My Commission Ex                         | cpires                          |             |                        |        |       |              |                |                    |                              |        |                    | Ema                  | il         |               |           |          | _        |
|  | мо                              | D           | AY                     | YR     |       |              |                |                    | Ar                           | ea Cod | e                  | Daytim               | e Telepl   | none Nu       | mber      |          |          |
| Part II- If this is                      | a report of a can               | didate's    | authorized (           | Comm   | nitte | e, C         | andida         | ate shall          | sign h                       | ere.   |                    |                      |            |               |           |          |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of ed.         | my knowl    | edge and belie         | f this | polit | tical        | commi          | ittee has r        | ot viola                     | ted an | y provis           | ions of th           | e act of J | une 3,1       | 937 (P.L. | . 1333   | 3,       |
| Sworn to and subso                       | ribed before me this            | ;           |                        |        |       |              |                |                    |                              |        | S                  | ignature o           | of Candid  | ate           |           |          | -        |
|  | day of                          |             |                        |        |       |              | -              |                    |                              |        |                    | Printe               | d Name     |               |           |          | -        |
|  | Signature                       |             |                        |        |       |              | -              |                    |                              |        |                    | Ema                  |            |               |           |          | _        |
| My Commission Exp                        | pires                           |             |                        |        |       |              |                |                    |                              |        |                    | Ema                  |            |               |           |          |          |
|  | МО                              | D           | AY                     | YR     |       |              | •              |                    | Area                         | Code   |                    | Da                   | ytime T    | elephor       | e Numbe   | er       | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| -  |           |          |              |           |
|--|-----------|----------|--------------|-----------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |           |
| FRIENDS OF THADDEUS KIRKLAND   | From:     | 4/2/201  | <u>9</u> To: | 5/6/2019  |
| 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)   | \$        | 875.00   |              |           |
| TOTAL for the Reporting  | J Period  | (2)      | \$           | 875.00    |
| 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)   |           |          | \$           | 30,722.22 |
| TOTAL for the Reporting  | J Period  | (3)      | \$           | 30,722.22 |
| 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 |           |          | \$           | 31,597.22 |

#### **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 | Name of Filing Committee or Candidate |                   |       | Reporting Period |      |    |        |  |  |
|--------------------------------------|---------------------------------------|-------------------|-------|------------------|------|----|--------|--|--|
|                                      |                                       | '                 | From: |                  | То   | :  |        |  |  |
|                                      |                                       | ·                 |       | DATE             |      |    | AMOUNT |  |  |
| Full Name of Contributing Committee  |                                       |                   | мо    | DAY              | YEAR |    |        |  |  |
| Mailing Address                      |                                       |                   |       |                  |      | \$ | 0.00   |  |  |
| City                                 | State                                 | Zip Code (Plus 4) |       |                  |      |    |        |  |  |

PAGE TOTAL
0.00

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

### 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 |      |      |                 |    |                 |  |
|---------------------------------------|--------------------------|-------|------------------|------------------|------|------|-----------------|----|-----------------|--|
|                                       |                          |       |                  |                  |      |      |                 |    |                 |  |
| FRI                                   | ENDS OF THADDEUS KIRKLAI | ND    |                  | Fror             | m:   | 4/2/ | 2019 <b>T</b> o | ): | <u>5/6/2019</u> |  |
|                                       |                          |       |                  |                  |      | DATE |                 |    | AMOUNT          |  |
| Full N                                | ame of Contributor       |       |                  |                  | мо   | DAY  | YEAR            |    |                 |  |
| AIGN                                  | ER CLEVELAND             |       |                  | $\Box$           |      | 5/A. |                 |    |                 |  |
| Mailin                                | g Address                |       |                  |                  |      |      |                 | \$ | 75.00           |  |
| City                                  | CHESTER                  | State | Zip Code (Plus 4 | )                | 3    | 28   | 2019            |    |                 |  |
|                                       |                          | PA    | 19013            |                  |      |      |                 |    |                 |  |
| Full N                                | ame of Contributor       |       |                  |                  | мо   | DAY  | YEAR            |    |                 |  |
| HELE                                  | N RAINEY                 |       |                  |                  |      |      |                 |    |                 |  |
| Mailin                                | g Address                |       |                  |                  |      |      |                 | \$ | 100.00          |  |
| City                                  | CHESTER                  | State | Zip Code (Plus 4 | )                | 3    | 28   | 2019            |    |                 |  |
|                                       |                          | PA    | 19013            |                  |      |      |                 |    |                 |  |
| Full N                                | ame of Contributor       |       |                  |                  | мо   | DAY  | YEAR            |    |                 |  |
| PORT:                                 | IA WEST                  |       |                  |                  | 140  | DAI  | ILAK            |    |                 |  |
| Mailin                                | g Address                |       |                  |                  |      |      |                 | \$ | 100.00          |  |
| City                                  | CHESTER                  | State | Zip Code (Plus 4 | )                | 3    | 28   | 2019            |    |                 |  |
|                                       |                          | PA    | 19013            |                  |      |      |                 |    |                 |  |
| Full N                                | ame of Contributor       |       |                  |                  | мо   | DAY  | YEAR            |    |                 |  |
| DARR                                  | YL TURNER                |       |                  | $\Box$           |      |      |                 |    |                 |  |
| Mailin                                | g Address                |       |                  |                  |      |      |                 | \$ | 100.00          |  |
| City                                  | CHESTER                  | State | Zip Code (Plus 4 | )                | 3    | 28   | 2019            |    |                 |  |
|                                       |                          | PA    | 19013            |                  |      |      |                 |    |                 |  |
| Full N                                | ame of Contributor       |       |                  |                  | мо   | DAY  | YEAR            |    |                 |  |
| JAMES                                 | S NOLAN                  |       |                  |                  |      |      |                 |    |                 |  |
| Mailin                                | g Address                |       |                  |                  |      |      |                 | \$ | 250.00          |  |
| City                                  | FOLSOM                   | State | Zip Code (Plus 4 | )                | 3    | 28   | 2019            |    |                 |  |
|                                       |                          | PA    | 19033            |                  |      |      |                 |    |                 |  |
| Full N                                | ame of Contributor       |       |                  |                  | мо   | DAY  | YEAR            |    |                 |  |
| WILLI                                 | AM RIGBY                 |       |                  |                  | 1-10 | DAI  | LAK             |    |                 |  |
| Mailin                                | g Address                |       |                  |                  |      |      |                 | \$ | 250.00          |  |
| City                                  | ELWYN                    | State | Zip Code (Plus 4 | )                | 3    | 28   | 2019            |    |                 |  |
|                                       |                          | PA    | 19063            |                  |      |      |                 |    |                 |  |
|                                       |                          |       |                  |                  |      |      |                 |    | PAGE TOTAL      |  |

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

**PAGE TOTAL \$** 875.00

#### **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  |      | Α           | MOUNT      |  |
| Full Name of Contributing Committ     | ee          |         |                  | МО | DAY | YEAR | ,           | 0.00       |  |
| Mailing Address                       |             |         |                  |    |     |      | <b>+</b> \$ | 0.00       |  |
| City                                  | State       | Zip Cod | e (Plus 4)       |    |     |      |             |            |  |
|                                       |             |         |                  |    |     |      |             | PAGE TOTAL |  |
| Enter Grand Total of Part C on        | 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.)

Reporting Period

Name of Filing Committee or Candidate

| FRIE   | NDS OF THADDEUS KIRKLAND  |                               |                                 | Fron | n:        | <u>4/2/2</u>            | <u>019</u> To    | : <u>5/6</u>      | <u>5/2019</u>    |
|--|---|-------------------------------|---------------------------------|------|-----------|-------------------------|------------------|-------------------|------------------|
|  |   |                               |                                 |      | D/        | ATE                     |                  | AMOUNT            | г                |
| Full N   | ame of Contributor  |                               |                                 |      | мо        | DAY                     | YEAR             |                   | F00.00           |
| MICH   | AEL GALLANTE  |                               |                                 |      | 140       | DAI                     | ILAK             | \$                | 500.00           |
| Mailin   | g Address   |                               |                                 |      | 3         | 28                      | 2019             |                   |                  |
| City   | BLACKWOOD   | State                         | Zip Code (Plu                   | s 4) |           |                         | 2025             |                   |                  |
|  |   | l <sub>NJ</sub>               | 08012                           |      |           |                         |                  |                   |                  |
| Emplo  | yer Name  |                               |                                 |      | Occupat   | ion                     |                  |                   |                  |
| Employer Mailing Address/Principal Place of Business City  |   |                               |                                 |      | State     |                         | Zip Code (Plus   | s 4)              |                  |
|  | ame of Contributor  |                               | ·                               |      | мо        | DAY                     | YEAR             | \$                | 1,000.00         |
| Mailin   | g Address   |                               |                                 |      | 3         | 28                      | 2019             | 1                 |                  |
| City   | CHESTER   | State                         | Zip Code (Plu                   | s 4) |           | 20                      | 2015             |                   |                  |
|  |   | PA                            | 19013                           |      |           |                         |                  |                   |                  |
| Employer Name  |   |                               |                                 |      | Occupat   | ion                     |                  |                   |                  |
| Employer Mailing Address/Principal Place of Business City  |   |                               |                                 |      | State     |                         | Zip Code (Plus   | - 41              |                  |
|  | yer Mailing Address/Frincipal Flac  | e or business                 | City                            |      |           | State                   |                  | Zip Code (Fids    | 5 4)             |
| -  | ame of Contributor  | e or business                 | City                            |      | МО        | DAY                     | YEAR             | 1                 |                  |
| Full Na  | ame of Contributor  | e or business                 | City                            |      | МО        |                         | YEAR             | \$                | 1,000.00         |
| Full Na<br>NAFIS<br>Mailin   | ame of Contributor  NICHOLS  Address  |                               |                                 |      | <b>MO</b> |                         | <b>YEAR</b> 2019 | 1                 |                  |
| Full Na  | ame of Contributor  | State                         | Zip Code (Plus                  | s 4) |           | DAY                     |                  | 1                 |                  |
| Full Na<br>NAFIS<br>Mailin   | ame of Contributor  NICHOLS  Address  |                               |                                 | s 4) |           | DAY                     |                  | 1                 |                  |
| Full Na<br>NAFIS<br>Mailin<br>City   | ame of Contributor  NICHOLS  Address  | State                         | Zip Code (Plus                  | s 4) |           | <b>DAY</b> 28           |                  | 1                 |                  |
| Full Nan NAFIS Mailin City   | ame of Contributor  NICHOLS  Address  CHESTER   | State<br>PA                   | Zip Code (Plus                  | s 4) | 3         | <b>DAY</b> 28           |                  | 1                 | 1,000.00         |
| Full Nana NaFIS Mailin City Emplo  | ame of Contributor  NICHOLS  G Address  CHESTER  Over Name  | State<br>PA                   | Zip Code (Plus                  | s 4) | Occupat   | DAY 28                  | 2019             | \$ Zip Code (Plus | 1,000.00<br>s 4) |
| Full Name Name Name Name Name Name Name Name   | ame of Contributor  5 NICHOLS  g Address  CHESTER  yer Name  yer Mailing Address/Principal Place  | State<br>PA                   | Zip Code (Plus                  | s 4) | 3         | DAY 28                  |                  | \$                | 1,000.00         |
| Full Name Nafis Mailin City Emplo Emplo  | ame of Contributor  NICHOLS  G Address  CHESTER  Yer Name  Yer Mailing Address/Principal Place  ame of Contributor                        | State<br>PA                   | Zip Code (Plus                  | s 4) | Occupat   | DAY  28  cion  State    | 2019<br>YEAR     | \$ Zip Code (Plus | 1,000.00<br>s 4) |
| Full Name Nafis Mailin City Emplo Emplo  | ame of Contributor  NICHOLS  G Address  CHESTER  Over Name  Over Mailing Address/Principal Place  ame of Contributor  LD STARR            | State<br>PA                   | Zip Code (Plus                  |      | Occupat   | DAY 28                  | 2019             | \$ Zip Code (Plus | 1,000.00<br>s 4) |
| Full Na NAFIS Mailin City Emplo Emplo Full Na RONA Mailin  | ame of Contributor  S NICHOLS  g Address  CHESTER  yer Name  yer Mailing Address/Principal Place  ame of Contributor  LD STARR  g Address | State PA ce of Business       | Zip Code (Plus<br>19013<br>City |      | Occupat   | DAY  28  cion  State    | 2019<br>YEAR     | \$ Zip Code (Plus | 1,000.00<br>s 4) |
| Full Name of the N | ame of Contributor  S NICHOLS  g Address  CHESTER  yer Name  yer Mailing Address/Principal Place  ame of Contributor  LD STARR  g Address | State PA Se of Business State | Zip Code (Plus<br>19013<br>City |      | Occupat   | DAY  28  State  DAY  28 | 2019<br>YEAR     | \$ Zip Code (Plus | 1,000.00<br>s 4) |

|   |  |      |                         |         |          |      | _        |          |
|---|--|------|-------------------------|---------|----------|------|----------|----------|
| Full Name of Contributor                                  |  |      |                         | мо      | DAY      | YEAR | <b> </b> | 2,222.22 |
| JOE IACONA III  |  |      |                         |         |          |      | ] *      | 2,222.22 |
| Mailing Address   |  |      |                         | 3       | 28       | 2019 |          |          |
| City CHESTER  | State  | Zi   | p Code (Plus 4)         |         |          |      |          |          |
|   | I PA   | 1 19 | 9013                    |         |          |      |          |          |
| Employer Name   |  |      |                         | Occupat | ion      |      |          |          |
| Employer Mailing Address/Principal Pl                     | ace of Business                                  |      | City                    |         | State    |      | Zip Code | (Plus 4) |
|   |  |      |                         |         |          |      |          |          |
| Full Name of Contributor                                  |  |      |                         |         | - A-V    | V=45 |          |          |
| PATRICK LARKIN  |  |      |                         | МО      | DAY      | YEAR | \$       | 2,500.00 |
| Mailing Address   |  |      |                         | 3       | 28       | 2019 | 1        |          |
| City MEDIA  | State  | Zi   | p Code (Plus 4)         |         | 20       | 2019 |          |          |
|   | <sub>PA</sub>                                    | 1    | 9063                    |         |          |      |          |          |
| Employer Name   |  |      |                         | Occupat | ion      |      |          |          |
|   | Mailing Address/Principal Place of Business City |      |                         | -       | State    |      | Zip Code | (Plus 4) |
|   |  |      |                         |         |          |      |          |          |
| Full Name of Contributor                                  |  |      | •                       |         |          |      |          |          |
| ANTHONY MOORE   |  |      |                         | МО      | DAY      | YEAR | \$       | 2,500.00 |
| Mailing Address   |  |      |                         |         |          |      | 1        |          |
| City UPPER CHICHESTER                                     | State  | Zi   | p Code (Plus 4)         | 3       | 28       | 2019 |          |          |
| or ex enteries tex  | PA   |      | 9061                    |         |          |      |          |          |
| Employer Name   | TFA  | . 13 | 9001                    | Occupat | lon      | •    |          |          |
| Employer Mailing Address/Principal Pl                     |  |      |                         | Госсира | State    |      | Zip Code | (Plue 4) |
| Limployer Maining Address/Frincipal Fi                    | ace of business                                  |      | City                    |         | State    |      | Zip Coue | (Flus 4) |
| Full Name of Contributor                                  |  |      |                         |         |          |      | П        |          |
| ALLEN AND ANNMARIE KLENOTIZ                               |  |      |                         | МО      | DAY      | YEAR | \$       | 2,500.00 |
| Mailing Address   |  |      |                         | _       |          |      | 1        |          |
| City GLEN MILLS   | State  | Zi   | p Code (Plus 4)         | 3       | 28       | 2019 |          |          |
|   | <sub>PA</sub>                                    | 10   | 9342                    |         |          |      |          |          |
| Employer Name   | .,,  |      |                         | Occupat | ion      |      |          |          |
| Employer Mailing Address/Principal Pl                     | ace of Business                                  |      | City                    | 1       | State    |      | Zip Code | (Plus 4) |
|   |  |      |                         |         |          |      | •        |          |
| Full Name of Contributor                                  |  |      |                         |         |          |      |          |          |
| HARRY AND ELEANOR OXMAN                                   |  |      |                         | МО      | DAY      | YEAR | \$       | 1,500.00 |
| Mailing Address   |  |      |                         |         |          |      | 1        |          |
| City PHILADELPHIA   | State  | Zi   | p Code (Plus 4)         | 3       | 28       | 2019 |          |          |
| -   | <sub>PA</sub>                                    |      | 9106                    |         |          |      |          |          |
| Employer Name   |  |      |                         | Occupat | tion     |      |          |          |
| Employer Mailing Address/Principal Pl                     | ace of Business                                  |      | City                    |         | State    |      | Zip Code | (Plus 4) |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   |  |      |                         |         |          |      | •        |          |
| Full Name of Contributor                                  |  |      |                         |         |          |      |          |          |
| HORACE STRAND   |  |      |                         | МО      | DAY      | YEAR | \$       | 2,500.00 |
| Mailing Address   |  |      |                         |         | 2.0      | 2010 | 7        |          |
| City CHESTER  | State  | Zi   | p Code (Plus 4)         | 3       | 28       | 2019 |          |          |
|   | PA   |      | 9013                    |         |          |      |          |          |
| Employer Name   |  |      |                         | Occupat | ion      |      | •        |          |
| Employer Mailing Address/Principal Place of Business City |  |      | State Zip Code (Plus 4) |         | (Plus 4) |      |          |          |
|   |  |      |                         |         |          |      | ,        | •        |
|   |  |      | 1                       |         | 1        |      |          |          |

| Employer Mailing Address/Principal Place of Business City |                                       |                 |                         | State         |                                     | Zip Code   | (Plus 4) |          |          |  |
|---|---------------------------------------|-----------------|-------------------------|---------------|-------------------------------------|------------|----------|----------|----------|--|
| Employer N  | lame                                  |                 |                         |               | Occupat                             | Occupation |          |          |          |  |
|   |                                       | I <sub>PA</sub> | 190                     | )35           |                                     |            |          | l        |          |  |
| City GL/  | ADWYNE                                | State           | Zip                     | Code (Plus 4) |                                     |            |          |          |          |  |
| Mailing Add   | dress                                 |                 |                         |               | 3                                   | 28         | 2019     |          |          |  |
| VAHAN AN  | D DANIELLE GUREGHIAN                  |                 |                         |               |                                     |            | , _,     | ] *      | 5,000.00 |  |
| Full Name   | of Contributor                        |                 |                         |               | мо                                  | DAY        | YEAR     | \$       | F 000 00 |  |
| Employer M  | valling Address/Principal Pla         | ce of Business  |                         | City          |                                     | State      |          | Zip Code | (Plus 4) |  |
| Employer N  | name<br>Nailing Address/Principal Pla | so of Pusiness  | Т                       | City          | Occupation  State Zip Code (Plus 4) |            |          |          | Diuc 4)  |  |
|   | I                                     | TIMA            | 1 010                   | 557           |                                     | •          | •        | •        |          |  |
| City MIL  | FORD                                  | MA              | 018                     | • •           |                                     |            |          |          |          |  |
| Mailing Add   | FORD                                  | State           | State Zip Code (Plus 4) |               |                                     | 28         | 2019     |          |          |  |
| MICHAEL L   |                                       |                 |                         |               |                                     |            |          | 1        | 5,000.00 |  |
| Full Name   | of Contributor                        |                 |                         |               | МО                                  | DAY        | YEAR     | \$       | 5,000.00 |  |
|   |                                       |                 |                         |               |                                     |            |          |          |          |  |
| Employer M  | Mailing Address/Principal Pla         | ce of Business  |                         | City          | -                                   | State      |          | Zip Code | (Plus 4) |  |
| Employer N  | lame                                  |                 |                         | -             | Occupation                          |            |          |          |          |  |
| 7 514   |                                       | PA              | 190                     |               |                                     |            |          |          |          |  |
| Mailing Add   | EXEL HILL                             | State           | Zin                     | Code (Plus 4) | 3                                   | 28         | 2019     |          |          |  |
| BETTER DE   |                                       |                 |                         |               |                                     |            |          | 4        |          |  |
| DETTED DE   | -1.60                                 |                 |                         |               | МО                                  | DAY        | YEAR     | \$       | 2,500.00 |  |

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

**PAGE TOTAL \$** 30,722.22

## 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  | Name of Filing Committee or Candidate |                |         | Reporting Period |     |      |    |            |  |
|---------------------------|---------------------------------------|----------------|---------|------------------|-----|------|----|------------|--|
|                           |                                       |                | From:   |                  |     | To:  |    |            |  |
|                           |                                       |                |         | D                | ATE |      |    | AMOUNT     |  |
| Full Name                 |                                       |                |         | мо               | DAY | YEAR | \$ | 0.00       |  |
| Mailing Address           |                                       |                |         |                  |     |      |    |            |  |
| City                      | State                                 | Zip Code (I    | Plus 4) |                  |     |      |    |            |  |
| Receipt Description       | •                                     | •              |         |                  | •   | •    |    |            |  |
| Futor Count Total of Boot | Fan Cabadula I Batailad               | I Comment Base | Castian | 4                |     |      |    | PAGE TOTAL |  |
| Enter Grand Total of Part | e on Schedule I, Detalled             | 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 THADDEUS KIRKLAND   | From:            | <u>4/2/2019</u> <b>To:</b> | <u>5/6/2019</u> |
| 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, 1 |                  | \$                         | 0.00            |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate          | lame of Filing Committee or Candidate |                     |          |          | Reporting Period |          |            |      |  |  |
|--|---------------------------------------|---------------------|----------|----------|------------------|----------|------------|------|--|--|
|  |                                       |                     |          |          |                  | To:      |            |      |  |  |
|  |                                       |                     |          | DATE     |                  |          | AMOUNT     |      |  |  |
| Full Name of Contributor                       |                                       |                     | мо       | DAY      | YEAR             |          |            |      |  |  |
| Mailing Address                                |                                       | _                   |          |          |                  | <b> </b> |            | 0.00 |  |  |
| City   | State                                 | Zip Code (Plus 4)   |          |          |                  |          |            |      |  |  |
| Description of Contribution:                   |                                       | •                   | •        |          |                  | •        |            |      |  |  |
|  |                                       |                     |          |          |                  |          |            |      |  |  |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind (                    | Contributions Detai | iled Sum | mary Pag | je,              |          | PAGE TOTAL |      |  |  |
|  |                                       |                     |          |          |                  | \$       | (          | 0.00 |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  | ame of Filing Committee or Candidate |     |                  |            | Reporting Period  |                |       |       |                 |      |
|--|--------------------------------------|-----|------------------|------------|-------------------|----------------|-------|-------|-----------------|------|
|  |                                      |     |                  | Fro        | m:                |                | To:   |       |                 |      |
|  |                                      |     |                  |            |                   | DATE           |       |       | AMOUNT          | -    |
| Full Name of Contributor               |                                      |     |                  |            | мо                | DAY            | YEAR  |       |                 |      |
| Mailing Address                        |                                      |     |                  |            |                   |                |       |       | \$              | 0.00 |
| City                                   | State                                |     | Zip Code(Plus 4) |            |                   |                |       |       |                 |      |
| Employer of Contributor                |                                      |     |                  | Occupation |                   |                |       |       |                 |      |
| Employer Mailing Address/Principal Pla | ce of Business                       | Cit | ty               | Stat       | e Zi <sub>l</sub> | p Code(Plus 4) | Descr | iptio | on of Contribut | ion  |
| Enter Grand Total of Part G on Sch     | edule II, In-K                       | ind | Contributions D  | etaile     | ed                |                |       |       | PAGE TO         | TAL  |
| Summary Page, Section 3.               |                                      |     |                  |            |                   |                |       |       |                 | 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |          |        |                 |
|---------------------------------------|------------------|----------|--------|-----------------|
| FRIENDS OF THADDEUS KIRKLAND          | From             | 4/2/2019 | То:    | <u>5/6/2019</u> |
|                                       | DATE             |          | AMOUNT |                 |

|                                      |                          |                              |                            |   | DATE        |          |          | AMOUNT   |
|--------------------------------------|--------------------------|------------------------------|----------------------------|---|-------------|----------|----------|----------|
| To Whom Paid                         |                          |                              | мо                         | DAY   | YEAR        |          |          |          |
| THREE                                | SHADES OF BLACKNESS      |                              |                            | FIG   |             | I ZAIK   |          |          |
| Mailing Address                      |                          |                              | 3                          | 28  | 2019        | \$       | 500.00   |          |
| City CHESTER State Zip Code (Plus 4) |                          |                              | Descrip                    | tion of Exp                                 | enditure    |          |          |          |
|                                      |                          | PA                           | 19013                      | FUND R                                      | AISER VEN   | IUE      |          |          |
| To Whom Paid                         |                          |                              |                            | мо  | DAY         | YEAR     |          |          |
| CHEST                                | TER DEMOCRATIC COMMITTEE |                              |                            | rio   |             | ILAK     |          |          |
| Mailin                               | g Address                |                              |                            | 3   | 28          | 2019     | \$       | 1,150.00 |
| City                                 | CHESTER                  | State                        | Zip Code (Plus 4)          | Descrip                                     | tion of Exp | enditure |          |          |
|                                      |                          | PA                           | 19013                      | REIMBURSEMENT FOR FUNDRAISER CATERING COSTS |             |          |          |          |
| To Wh                                | om Paid                  |                              |                            | мо  | DAY         | YEAR     |          |          |
| FRIENDS OF JOY TAYLOR                |                          |                              |                            | 1-10  |             |          |          |          |
| Mailing Address                      |                          |                              |                            | 4   | 3           | 2019     | \$       | 1,635.00 |
| City CHESTER State Zip Code (Plus 4) |                          |                              | Description of Expenditure |   |             |          |          |          |
|                                      |                          | PA 19013 DONATION TO JOY TAY |                            |   |             | Y TAYLOF | R FOR MA | GISTRATE |
| To Wh                                | om Paid                  |                              |                            | мо  | DAY         | YEAR     |          |          |
| THADDEUS KIRKLAND                    |                          |                              | 1-10                       |   | I ZAIK      |          |          |          |
| Mailing Address                      |                          |                              | 4                          | 5   | 2016        | \$       | 472.00   |          |
| City                                 | CHESTER                  | State                        | Zip Code (Plus 4)          | Description of Expenditure                  |             |          |          |          |
|                                      |                          | PA                           | 19013                      | REIMBURSEMENT FOR FUNDRAISER COSTS          |             |          |          |          |
| To Wh                                | om Paid                  |                              |                            | мо  | DAY         | YEAR     |          |          |
| CHARLES DIXON/DYNAGRAPHIX            |                          |                              |                            | PIO   |             | ILAK     |          |          |
| Mailing Address                      |                          |                              | 4                          | 16  | 2019        | \$       | 4,500.00 |          |
| City                                 | PHILA                    | State                        | Zip Code (Plus 4)          | Descrip                                     | tion of Exp | enditure | •        |          |
|                                      |                          | PA                           | 19124                      | ELECTION PALM CARDS, LITERATURE             |             |          |          |          |
| To Whom Paid                         |                          |                              |                            | DAY   | YEAR        |          |          |          |
| To Wh                                | om Paid                  |                              |                            | I M()                                       |             |          |          |          |
|                                      | DS OF ROHAN HEPKINS      |                              |                            | МО  | DAT         |          |          |          |
| FRIEN                                |                          |                              |                            | <b>MO</b> 4                                 | 24          | 2019     | \$       | 200.00   |
| FRIEN                                | DS OF ROHAN HEPKINS      | State                        | Zip Code (Plus 4)          | 4   |             | 2019     | \$       | 200.00   |

| To Whom Paid  |  |                   | МО  | DAY | YEAR |            |           |
|---|--|-------------------|---|-----|------|------------|-----------|
| JOAN NEAL   |  |                   | 140   |     | ILAK |            |           |
| Mailing Address   |  |                   | 5   | 2   | 2019 | \$         | 50.00     |
| City CHESTER  | CHESTER State Zip Code (Plus 4) Description of Expenditu |                   |   |     |      |            |           |
|   | PA   | 19013             | AD  |     |      |            |           |
| To Whom Paid  |  |                   | мо  | DAY | YEAR |            |           |
| BRYN MAWR TRUST   |  |                   | 1-10  |     | ILAK |            |           |
| Mailing Address   |  |                   | 4   | 2   | 2019 | \$         | 2,515.00  |
| City CHESTER  | State  | Zip Code (Plus 4) | Description of Expenditure  CHARGEBACK AND FEES-INSUFFICIENT FUNDS FROM DON |     |      |            |           |
|   | PA   | 19013             |   |     |      |            |           |
|   |  |                   |   |     |      | PAGE TOTAL |           |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  |                   |   |     |      | \$         | 11,022.00 |