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	20021	49				Repo			CA	NDII	DATE		COMN	MMITTEE \(\square\) LOBBYIST						
Name of Filing C	ommittee, Ca	andidat	te or Lo	bbyis	t:	·	FRIE	ND:	S OF	THAD	DEL	JS KIR	KLA	ND							
Street Address:	P.O. BOX	< 755																			
City:	CHESTER	3								State	e:	PA			Zip Cod	le: 19	016				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND F PRIMA		/ PRE-	2		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√	
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND F ELECT		/ PRE-	- 5		30 DA		Р	OST-	6. X		TERMINATION REPORT?		Yes	N	0	\	
report type)	ANNUAL REF	PORT	7.	Year :	2019					NG ME		_			PAPER		√	DISK	ETTE		
Name of Office S	ought by Car	ndidate	e:							DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pai	ty Cod	Cour		
										МО		DAY	Υ	EAR		<u> </u>					
											11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of		nd	МО	DA	Y	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,		
Expenditures	Trom:		1	.0	22	20	019	T	0		11	:	2019								
A. Amount Bro	ught Forward	l From	Last R	eport					\$				10,	144.24							
B. Total Moneta	ary Contribut	ions A	nd Rec	eipts (From	Sched	dule 1	I)	\$				1,	000.00							
C. Total Funds	Available (Su	ım Of L	ines A	and B)				\$				11,	144.24							
D. Total Expend	ditures (From	1 Sched	dule III	[)					\$				7,	465.50							
E. Ending Cash	Balance (Sul	btract	Line D	From I	Line C	E)			\$				3,6	678.74							
F. Value Of In-	Kind Contribu	utions	Receive	ed (Fro	om Sc	hedul	e II)		\$					0.00							
G. Unpaid Debt	s And Obliga	tions (From S	chedu	le IV))			\$					0.00							
						AFF:	IDA'	VI	ΓSE	CTIO	NC										
PART I - If this is		=	•		_									_		J	.1	1	!!- & *		
I swear (or affirm) correct and comple		rt, inclu	aing the	attacn	ea scn	ieauies	Tilea	on	paper	or by e	electr	onic m	eaiun	n, are to t	ne best o	r my knov	vieage	and be	lier , tr	ue	
Sworn to and subs	cribed before n day of	ne this		20							•		:	Signature	of Perso	n Submitt	ing Re	oort			
	Si	gnature)	-					-						Prin	ted Name					
My Commission Ex	rpires								_						Emai	I					
	МО		DA	Υ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a	candi	date's	author	rized (Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.								
I swear (or affirm) No 320) as amende		st of my	knowle	dge an	d belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ıne 3,1	937 (P	L. 133	з,	
Sworn to and subsc	ribed before mo	e this		20										Si	ignature o	of Candida	ite			_	
	— —								-						Printe	d Name				-	
	Signa	ature							-											_	
My Commission Exp	ires														Emai	II.					
	M	0	DA	λY		YR			•			Area	Code		Da	ytime Te	elephor	ne Num	ber	_	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period				
FRIENDS OF THADDEUS KIRKLAND	From:	10/22/201	<u>9</u> To:	11/25/2019		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting) Period	(1)	\$	0.00		
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)						
Contributions Received From Political Committees (Part A)			\$	0.00		
All Other Contributions (Part B)		\$	0.00			
TOTAL for the Reporting Period (2) \$ 0.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	0.00		
All Other Contributions (Part D)			\$	1,000.00		
TOTAL for the Reporting) Period	(3)	\$	1,000.00		
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			\$	1,000.00		

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL	
\$ 0.00	

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or C	andidate		Rep Fro	oorting P m:	eriod	To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
FRIENDS OF THADDEUS KIRKLAND			Fron	m:	10/22/2	<u>019</u> To	:	<u>11/25/2019</u>
				D	ATE		АМ	IOUNT
Full Name of Contributor HARRY AND ELEANOR OXMAN				мо	DAY	YEAR		
Mailing 225 S. 6TH ST. APT	2302			11	6	2010	\$	1,000.00
City PHILA	State	Zip Code (Plus	5 4)] 11	Ь	2019		
	PA	19106						
Employer Name	•	•		Occupat	tion		•	
Employer Mailing Address/Principal Pla Business	ce of	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed S	ummary Page,	Section	on 3.		\$	PA	1,000.00
								<u> </u>

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 Per	iod	
FRIENDS OF THADDEUS KIRKLAND	From:	<u>10/22/2019</u> To:	<u>11/25/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	edule II, In-Kin	d Contributions Deta	iled Sum	mary Pac	ie, F		PAGE TOTAL
Section 2.	, , , , , , , , , , , , , , , , , , , ,			,		\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
FRIENDS OF THADDEUS KIF	RKLAND		From	10/22	2/2019	То:	11/25/2019
				DATE			AMOUNT
To Whom Paid FRIENDS OF BRIAN KIRKLAN	ND		мо	DAY	YEAR		
Mailing Address P.O. BOX	755		10	22	2019	\$	1,000.00
City CHESTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
51,251,211	PA	19016		IGN DONA			
To Whom Paid US POSTAL SERVICE			МО	DAY	YEAR		
Mailing Address 400 EDGI	MONT AVE		10	24	2019	\$	25.50
City CHESTER State Zip Code (Plus			Descrip	tion of Exp	enditure	1	
	PA	19013	POSTA				
To Whom Paid DELAWARE COUNTY BLACK (CAUCUS		МО	DAY	YEAR		
Mailing Address 113 BRAN	NFORD RD		10	28	2019	\$	1,000.00
City DARBY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19023		SIUM SPO			
To Whom Paid CHARLIE DIXON/DYNAGRAP	HIX		МО	DAY	YEAR		
Mailing Address 4324 TAC	CKAWANNA ST		11	4	2019	\$ \$	425.00
7327 TAC	CKAWANNA ST State	Zip Code (Plus 4)		4 Otion of Exp			425.00
T324 TAC		Zip Code (Plus 4) 19124	Descrip		enditure		
7327 TAC	State		Descrip	otion of Exp	enditure		
City PHILA To Whom Paid	State		Descrip CAMPA	otion of Exp IGN LITER	penditure ATURE -		
City PHILA To Whom Paid CASH	State		Descrip CAMPA MO	Day	penditure ATURE - YEAR 2019	CHESTER \$	TWP

19013

ELECTION DAY EXPENSES

PA

To Whom Paid	_		мо	DAY	YEAR		
BRYN MAWR TRUST							
Mailing Address 23 E. 5TH ST			11	7	2019	\$	15.00
City CHESTER	State	Zip Code (Plus 4)	Descrip	Description of Expenditure			
	PA	19013	CHARGEBACK FEE				
	1	1		LD/ (CIC I L	_		
	I				_		PAGE TOTAL
nter Grand Total of Expe	I	port Cover Page, Item D.				\$	
inter Grand Total of Expe	I					\$	
Enter Grand Total of Expe	I					\$	
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Enter Grand Total of Expe	I					\$	PAGE TOTAL 7,465.50
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