

# Campaign Finance Report

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

Filer Identification Number : 20160113		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BRIAN KIRKLAND											
Street Address: P.O.BOX 755											
City: CHESTER				State: PA		Zip Code: 19016					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	FILING METHOD ( ) CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	DEM			
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		9	15	2020		10	19	2020			
A. Amount Brought Forward From Last Report					\$		15,039.19				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		6,750.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		21,789.19				
D. Total Expenditures (From Schedule III)					\$		3,500.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		18,289.19				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		0.00				

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF BRIAN KIRKLAND	From: <u>9/15/2020</u> To: <u>10/19/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 50.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 250.00
<b>All Other Contributions (Part B)</b>	\$ 650.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 900.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 1,500.00
<b>All Other Contributions (Part D)</b>	\$ 4,300.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 5,800.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 6,750.00
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**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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF BRIAN KIRKLAND	<b>Reporting Period</b>  <b>From:</b> <u>9/15/2020</u> <b>To:</b> <u>10/19/2020</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> COVANTA ENERGY LLC PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 445 SOUTH STREET			9	30	2020	
<b>City</b> MORRISTOWN	<b>State</b>  NJ	<b>Zip Code (Plus 4)</b>  07960				

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

<b>PAGE TOTAL</b>
\$ 250.00

**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)**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF BRIAN KIRKLAND	<b>Reporting Period</b> From: <u>9/15/2020</u> To: <u>10/19/2020</u>
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				DATE		AMOUNT	
Full Name of Contributor ELEASE ELAM				MO	DAY	YEAR	\$ 100.00
Mailing Address 518 PARKER ST				8	31	2020	
City	CHESTER	State	Zip Code (Plus 4)				
		PA	19013				
Full Name of Contributor BETTY JACOBS				MO	DAY	YEAR	\$ 100.00
Mailing Address 758 EAST 25TH ST APT B16				9	13	2020	
City	CHESTER	State	Zip Code (Plus 4)				
		PA	19013				
Full Name of Contributor MARK ALEXANDER				MO	DAY	YEAR	\$ 100.00
Mailing Address 223 EAST 13TH ST				9	17	2020	
City	CHESTER	State	Zip Code (Plus 4)				
		PA	19013				
Full Name of Contributor EDITH BLACKWELL				MO	DAY	YEAR	\$ 100.00
Mailing Address 463 JEFFREY ST				9	21	2020	
City	CHESTER	State	Zip Code (Plus 4)				
		PA	19013				
Full Name of Contributor CALVIN BERNARD				MO	DAY	YEAR	\$ 250.00
Mailing Address 4015 ELSON RD				10	7	2020	
City	BROOKHAVEN	State	Zip Code (Plus 4)				
		PA	19015				

**PAGE TOTAL**

\$ 650.00

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

## 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.

<b>Name of Filing Committee or Candidate</b> FRIENDS OF BRIAN KIRKLAND	<b>Reporting Period</b> <b>From:</b> <u>9/15/2020</u> <b>To:</b> <u>10/19/2020</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee PASNAP-PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 1 FAYETTE ST				9	21	2020	
City CONSHOCKEN	State PA	Zip Code (Plus 4) 19428					
Full Name of Contributing Committee LABOR PAC AFL-CIO				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 600 NORTH SECOND ST				9	23	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

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

<b>PAGE TOTAL</b>
\$ 1,500.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF BRIAN KIRKLAND	<b>Reporting Period</b>  <b>From:</b> <u>9/15/2020</u> <b>To:</b> <u>10/19/2020</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
DRAKE NAKAISHI							
<b>Mailing Address</b> 540 COLONEL DEWEES RD				9	10	2020	\$ 300.00
<b>City</b> WAYNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19087					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

				MO	DAY	YEAR	
<b>Full Name of Contributor</b> MICHAEL GALANTE							
<b>Mailing Address</b> 76 ARGYLE AVE.				9	18	2020	\$ 2,500.00
<b>City</b> BLACKWOOD	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 08012					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

				MO	DAY	YEAR	
<b>Full Name of Contributor</b> TERRANCE AND JOY TAYLOR							
<b>Mailing Address</b> 924 MCDOWELL AVE				9	21	2020	\$ 500.00
<b>City</b> CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19013					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

<b>Full Name of Contributor</b> LIVIA SMITH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 930 E. 18TH ST			9	21	2020	
<b>City</b> CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19013				
<b>Employer Name</b>			<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

<b>Full Name of Contributor</b> WILLIAM JACOBS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 2424 UPLAND ST			10	5	2020	
<b>City</b> CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19013				
<b>Employer Name</b>			<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

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

<b>PAGE TOTAL</b>
\$ 4,300.00

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 Candidate	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF BRIAN KIRKLAND		From: <u>9/15/2020</u> To: <u>10/19/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

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

# SCHEDULE III

## STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF BRIAN KIRKLAND	<b>Reporting Period</b>  From <u>9/15/2020</u> To: <u>10/19/2020</u>
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				DATE	AMOUNT	
To Whom Paid			MO	DAY	YEAR	
CHARLIE DIXON/DYNAGRAPHIX						
<b>Mailing Address</b> 4324 TACHAWANNA ST			9	17	2020	\$ 3,500.00
<b>City</b> PHILA	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  19124	<b>Description of Expenditure</b> CAMPAIGN LITERATURE AND MATERIAL			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>  \$ 3,500.00

