

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 : 2002149		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF THADDEUS KIRKLAND											
Street Address:											
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.	30 DAY POST-ELECTION	6. X	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				
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		10	20	2020		11	23	2020			
A. Amount Brought Forward From Last Report					\$ 2,123.74						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 15,150.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 15,273.74						
D. Total Expenditures (From Schedule III)					\$ 11,719.07						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 3,554.67						
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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF THADDEUS KIRKLAND	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

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

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)	\$ 7,000.00
TOTAL for the Reporting Period (3)	\$ 7,000.00

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

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.)	\$ 7,050.00
---	-------------

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:	To:

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

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

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate FRIENDS OF THADDEUS KIRKLAND	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
ALLEN KLENOTIZ							
Mailing Address							
City NAPLES	State FL	Zip Code (Plus 4) 34120		10	22	2020	
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
RICHARD GALLO							
Mailing Address							
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401		10	24	2020	
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
EVAN PROCHNIAK							
Mailing Address							
City SWARTHMORE	State PA	Zip Code (Plus 4) 19081		10	28	2020	
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
SUSIE KIRKLAND							
Mailing Address							
City CHESTER	State PA	Zip Code (Plus 4) 19012		10	29	2020	
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

Full Name of Contributor RON STARR			MO 10	DAY 29	YEAR 2020	\$ 1,000.00
Mailing Address						
City BROOKHAVEN	State PA	Zip Code (Plus 4) 19015				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor TIFFANY BEAUFORD			MO 10	DAY 29	YEAR 2020	\$ 1,000.00
Mailing Address						
City CHESTER	State PA	Zip Code (Plus 4) 19018				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor AGRONOMED, LLC			MO 10	DAY 29	YEAR 2020	\$ 2,000.00
Mailing Address						
City WEST CHESTER	State PA	Zip Code (Plus 4) 19390				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 7,000.00

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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				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.

PAGE TOTAL
\$ 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>10/20/2020</u> To: <u>11/23/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
---------------------------------------	--

			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.						PAGE TOTAL \$ 0.00

8/29/2025 5:07:17 PM

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF THADDEUS KIRKLAND	From <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE		AMOUNT	
To Whom Paid JOHN ICARO				MO	DAY	YEAR	\$ 500.00
Mailing Address				10	29	2020	
City	CHESTER	State	PA	Zip Code (Plus 4)	19013	Description of Expenditure MUSIC FOR FUNDRAISER	
To Whom Paid CASH				MO	DAY	YEAR	\$ 5,000.00
Mailing Address				10	20	2020	
City	CHESTER	State	PA	Zip Code (Plus 4)	19013	Description of Expenditure ELECTION DAY EXPENSES	
To Whom Paid FRIENDS OF BRIAN KIRKLAND				MO	DAY	YEAR	\$ 1,500.00
Mailing Address				11	4	2020	
City	CHESTER	State	PA	Zip Code (Plus 4)	19016	Description of Expenditure CAMPAIGN DONATION	
To Whom Paid THADDEUS KIRKLAND				MO	DAY	YEAR	\$ 623.67
Mailing Address				11	2	2020	
City	CHESTER	State	PA	Zip Code (Plus 4)	19013	Description of Expenditure REIMBURSEMENT - FUNDRAISER EXPENSES	
To Whom Paid LIBERTY STEAKS AND HOAGIES				MO	DAY	YEAR	\$ 1,350.00
Mailing Address				11	3	2020	
City	WOODLYN	State	PA	Zip Code (Plus 4)		Description of Expenditure ELECTION DAY LUNCHES FOR POLL WORKERS	
To Whom Paid THADDEUS KIRKLAND				MO	DAY	YEAR	\$ 695.40
Mailing Address				11	15	2020	
City	CHESTER	State	PA	Zip Code (Plus 4)	19013	Description of Expenditure REIMBURSEMENT - BREAKFAST MTG	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 9,669.07

