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 :				port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOBI	BYIST				
Name of Filing C	Committee, Ca	andida	ite or Lo	obbyist:		Frie	nds	of Bri	an Kirkla	nd							
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 PRIMA		POST-	3.		AMENDM REPORT?	~			
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDA ELECTION	y pre	<u>-</u> !	5. X	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REF	PORT	7.	Year 2021					IG METHO				PAPER		/	DISKE	TTE
Name of Office S	- Sought by Car	ndidat	e:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YE	AR					
									11		2	2021		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of Expenditures		nd	МО	DAY	YEAR		_	_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
				9 14	2	021	I	0	10		18	2021					
A. Amount Bro	ught Forward	d From	Last R	eport				\$			7,9	956.19					
B. Total Moneta	ary Contribut	ions A	nd Rec	eipts (From	Sche	dule	: I)	\$				0.00					
C. Total Funds	Available (Su	ım Of	Lines A	and B)				\$			7,9	956.19					
D. Total Expend	ditures (From	n Sche	dule II	[)				\$			1,3	50.00					
E. Ending Cash	Balance (Sul	btract	Line D	From Line	C)			\$			6,6	06.19					
F. Value Of In-	Kind Contribu	utions	Receive	ed (From S	chedu	le II	()	\$				0.00					
G. Unpaid Debt	ts And Obliga	tions ((From S	chedule IV)			\$				0.00			1		
					AFF	IDA	١٧٢	T SE	CTION								
PART I - If this is	s a Committee	e repo	rt, trea	surer sign	here.	If thi	is is	a Can	ididate re	eport, o	candi	date sig	n here.				
I swear (or affirm) correct and complete		rt, inclu	iding the	attached sc	hedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , true
Sworn to and subs	cribed before n	ne this		20							S	ignature	of Perso	n Submit	ting Rep	ort	
				-				- -					Prin	ted Name	e		
My Commission Ex		ignatur	e										Ema	il			
	мо		DA	ΛΥ	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nu	mber	
Part II- If this is	a report of a	a cand	idate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		st of m	y knowle	dge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me	e this										s	ignature o	of Candid	ate		
	day of							-					Printo	d Name			
	Signa	ature						-									
My Commission Exp	_	-										_	Ema	il	_		
	M	10	D#	ΛΥ	YR	l		•		Area	Code		Da	aytime T	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Friends of Brian Kirkland	From:	<u>9/14/202</u>	<u>1</u> To:	10/18/2021
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)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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			
			Fre	om:		То	:	
		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.

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	Candidate		Rep	oorting P	eriod			
Fi				m:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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				
				Fror	n:		To	o:		
					D	ATE		A	AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	s 4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Pla Business	ice of		City		•	State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.				PAGE TOTA	
								\$	0	.00

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		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Dection	••			\$		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	d	
Friends of Brian Kirkland	From:	<u>9/14/2021</u> To:	<u>10/18/2021</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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting	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	ation		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
Friends of Brian Kirkland			From	9/14	<u>4/2021</u>	То:	10/18/2021
				DATE			AMOUNT
To Whom Paid Robert Butler			мо	DAY	YEAR		
Mailing Address 1322 Parket	r St		9	23	2021	\$	250.00
City Chester	State PA	Zip Code (Plus 4) 19013		otion of Exp Marcus Ho			
To Whom Paid Delco Democratic Committee			мо	DAY	YEAR		
Mailing Address				15	2021	\$	100.00
City Media	State PA	Zip Code (Plus 4) 19063		otion of Exp n - Delco I			fundraisder
To Whom Paid Tie One On for Prostate and Co	olon Cancer Fund	·	мо	DAY	YEAR		
Mailing Address			9	24	2021	\$	500.00
City Chester	State PA	Zip Code (Plus 4) 19013		otion of Exp		2	
To Whom Paid Quest 2 B Elite,LLC			МО	DAY	YEAR		
Mailing Address 1607 Edgme	ont Ave		9	22	2021	\$	500.00
City Chester	State PA	Zip Code (Plus 4) 19013		otion of Exp on- girls ba			
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item I).			\$	PAGE TOTAL 1,350.00