### **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                          | 149         |                        |         | Rep<br>File |      |        | CANI            | DIE  | DATE     |                                   | СОМ        | 1ITTEE             | ✓             | LOBI     | BYIST     |         |              |
|--|----------------------------------|-------------|------------------------|---------|-------------|------|--------|-----------------|------|----------|-----------------------------------|------------|--------------------|---------------|----------|-----------|---------|--------------|
| Name of Filing C   | Committee, Candid                | ate or Lo   | obbyist:               |         | Frier       | nds  | of Th  | addeus          | Ki   | rkland   | d                                 |            |                    |               |          |           |         |              |
| Street Address:  | P.O. Box 755                     |             |                        |         |             |      |        |                 |      |          |                                   |            |                    |               |          |           |         |              |
| City:  | Chester                          |             |                        |         |             |      |        | State:          |      | PA       |                                   |            | Zip Cod            | <b>le:</b> 19 | 9016     |           |         |              |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY       | 1.          | 2ND FRIDA'<br>PRIMARY  | Y PRE   | - 2         | 2.   | 30 DA  |                 | P    | OST-     | 3.                                |            | AMENDM<br>REPORT?  |               | Yes      | No        |         | <b>\</b>     |
| (place X to<br>the right of  | 6TH TUESDAY<br>PRE-ELECTION      | 4.          | 2ND FRIDA'<br>ELECTION | y pre   | Ē- 5        | 5.   | 30 DA  |                 | P    | OST-     | 6.                                |            | TERMINA<br>REPORT? |               | Yes      | No        |         | <b>\</b>     |
| report type)   | ANNUAL REPORT                    | 7. <b>X</b> | <b>Year</b> 2021       |         |             |      |        | NG MET<br>CHECK |      |          |                                   |            | PAPER DISK         |               |          |           |         |              |
| Name of Office S   | Sought by Candida                | te:         | _                      |         |             |      |        | DATE            | OF   | ELE(     | District Office Party Number Code |            |                    |               |          |           | Coun    |              |
|  |                                  |             |                        |         |             |      |        | МО              |      | DAY      | YE                                | AR         |                    | 10000         | <b>I</b> |           | 100     | •            |
|  |                                  |             |                        |         |             |      |        | 1               | 11   |          | 2                                 | 2021       |                    | (SEE IN       | STRUCTI  | ONS FOR ( | CODES   | )            |
|  | Receipts and                     | МО          | DAY                    | YEAR    | 2           |      |        | МО              |      | DAY      | YI                                | EAR        | FO                 | R OFFI        | CE USE   | ONLY      |         |              |
| Expenditures   | from:                            | 1           | 11 23                  | 2       | 021         | T    | 0      | 1               | 12   | 123      | 31                                | 2021       |                    |               |          |           |         |              |
| A. Amount Bro  | ught Forward Fron                | n Last R    | eport                  |         |             |      | \$     |                 |      |          | 14,6                              | 582.52     |                    |               |          |           |         |              |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,111.11 |                                  |             |                        |         |             |      |        |                 |      |          |                                   |            |                    |               |          |           |         |              |
| C. Total Funds Available (Sum Of Lines A and B) \$ 15,793.63               |                                  |             |                        |         |             |      |        |                 |      |          |                                   |            |                    |               |          |           |         |              |
| D. Total Expend  | ditures (From Sch                | edule II    | I)                     |         |             |      | \$     |                 |      |          | 3,3                               | 300.00     |                    |               |          |           |         |              |
| E. Ending Cash   | Balance (Subtract                | t Line D    | From Line (            | C)      |             |      | \$     |                 |      |          | 12,4                              | 93.63      |                    |               |          |           |         |              |
| F. Value Of In-  | Kind Contributions               | Receive     | ed (From S             | chedu   | le II       | )    | \$     |                 |      |          |                                   | 0.00       |                    |               |          |           |         |              |
| G. Unpaid Debt   | s And Obligations                | (From S     | Schedule IV            | )       |             |      | \$     |                 |      |          |                                   | 0.00       |                    |               |          |           |         |              |
|  |                                  |             |                        | AFF     | IDA         | VI   | T SE   | CTIO            | N    |          |                                   |            |                    |               |          |           |         |              |
| PART I - If this is  | s a Committee rep                | ort, trea   | surer sign l           | here.   | If thi      | s is | a Car  | ndidate         | re   | port, c  | andi                              | date sig   | ın here.           |               |          |           |         |              |
| I swear (or affirm)<br>correct and comple                                  | ) that this report, incl<br>ete. | uding the   | attached scl           | nedule  | s filed     | l on | paper  | or by ele       | ectr | onic me  | edium                             | , are to t | he best o          | f my kno      | wledge   | and beli  | ef , tr | ue.          |
| Sworn to and subs  | cribed before me this<br>day of  | i           | 20                     |         |             |      |        |                 | -    |          | S                                 | ignature   | of Perso           | n Submit      | ting Rep | ort       |         | _            |
|  | Signatu                          |             |                        |         |             |      | -<br>- |                 | -    |          |                                   |            | Prin               | ted Name      | e        |           |         | _            |
| My Commission Ex   | _                                | ie          |                        |         |             |      |        |                 | -    |          |                                   |            | Ema                | il            |          |           |         | -            |
|  | мо                               | D/          | AY                     | YR      |             |      |        |                 | -    | Are      | a Coc                             | le         | Daytim             | e Teleph      | one Nu   | mber      |         |              |
| Part II- If this is  | a report of a cand               | didate's    | authorized             | Comn    | nitte       | e, C | andid  | ate sha         | II s | ign he   | ere.                              |            |                    |               |          |           |         |              |
| I swear (or affirm)<br>No 320) as amende                                   | that to the best of n            | ny knowle   | edge and beli          | ef this | politi      | ical | comm   | ittee has       | s no | t violat | ed an                             | y provis   | ions of the        | e act of J    | une 3,1  | 937 (P.L  | . 1333  | 3,           |
| Sworn to and subsc   | ribed before me this             |             |                        |         |             |      |        |                 |      |          |                                   | S          | ignature o         | of Candid     | ate      |           |         | -            |
|  | day of<br>—— ————                |             |                        |         |             |      | -      |                 |      |          |                                   |            | Printe             | d Name        |          |           |         | -            |
|  | Signature                        |             |                        |         |             |      | -      |                 | _    |          |                                   |            |                    |               |          |           |         | _            |
| My Commission Exp  | _                                |             |                        |         |             |      |        |                 |      |          |                                   |            | Ema                | il            |          |           |         |              |
|  | МО                               | D/          | AY                     | YR      | 1           |      | •      |                 | •    | Area     | Code                              |            | Da                 | aytime T      | elephon  | e Numb    | er      | <sup>-</sup> |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Detailed Jailliai y 1 age   |           |          |               |            |
|---|-----------|----------|---------------|------------|
| Name of Filing Committee or Candidate   | Reporting | Period   |               |            |
| Friends of Thaddeus Kirkland  | From:     | 11/23/20 | <u>21</u> To: | 12/31/2021 |
| 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)  |           |          | \$            | 1,111.11   |
| TOTAL for the Reporting   | Period    | (3)      | \$            | 1,111.11   |
| 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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page |           |          | \$            | 1,111.11   |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

| Name of Filing Committe   | e or Candidate |                   | Reporting | Period |      |    |        |
|---------------------------|----------------|-------------------|-----------|--------|------|----|--------|
|                           |                | From:             |           | :      |      |    |        |
|                           |                | L                 |           | DATE   |      |    | AMOUNT |
| Full Name of Contributing | Committee      |                   | 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 |  |
|------------|--|
| \$<br>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 Fining Committee of Candidate |  |  |  |    | Reporting Period From: To: |      |        |      |  |  |
|---------------------------------------|--|--|--|----|----------------------------|------|--------|------|--|--|
|                                       |  |  |  |    |                            | ):   |        |      |  |  |
|                                       |  |  |  |    | 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 Candi | date               |               | 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 Candid             | -               |           |               |         |         | riod    |                |         |                           |
|--|-----------------|-----------|---------------|---------|---------|---------|----------------|---------|---------------------------|
| Friends of Thaddeus Kirkland                   |                 |           |               | Fron    | n:      | 11/23/2 | <u>021</u> To: |         | 12/31/2021                |
|  |                 |           |               |         | D       | ATE     |                | Al      | MOUNT                     |
| Full Name of Contributor Joseph Iacono         |                 |           |               |         | МО      | DAY     | YEAR           |         |                           |
| Mailing 601 Concord Ave                        |                 |           |               |         |         |         |                | \$      | 1,111.11                  |
| City Chester                                   | State           | Zi        | ip Code (Plus | 4)      | 12      | 10      | 2021           |         |                           |
| G. IGGG.                                       | PA              | 19        | 9013          |         |         |         |                |         |                           |
| Employer Name                                  |                 |           |               |         | Occupat | tion    |                |         |                           |
| Employer Mailing Address/Principal<br>Business | Place of        |           | City          |         |         | State   |                | Zip Cod | e (Plus 4)                |
| Enter Grand Total of Part C on S               | chedule I, Deta | iled Sumr | mary Page,    | Section | on 3.   |         | \$             |         | <b>AGE TOTAL</b> 1,111.11 |
|  |                 |           |               |         |         |         |                |         |                           |

## 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               |                   | Repor   | ting Perio | od  |      |    |          |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
|                               |                         |                   | From:   |            |     | To:  |    |          |
|                               |                         |                   | •       | D          | ATE |      | AI | MOUNT    |
| Full Name                     |                         |                   |         | МО         | DAY | YEAR |    |          |
| Mailing Address               |                         |                   |         |            |     |      | \$ | 0.00     |
| City                          | State                   | Zip Code (        | Plus 4) |            |     |      |    |          |
| Receipt Description           | •                       | •                 |         | •          |     | •    | •  |          |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page    | Section | 4          |     |      | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet     | . Jammar y r uge, | 500.011 |            |     |      | \$ | 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 Peri | od                           |                   |
|--|----------------|------------------------------|-------------------|
| Friends of Thaddeus Kirkland   | From:          | <u>11/23/2021</u> <b>To:</b> | <u>12/31/2021</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO  | ₹                            |                   |
| 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 Candid | ate                 |                       | Reporting | g Period      |        |           |            |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|
|                                    |                     |                       | From:     |               |        | То:       |            |
|                                    |                     |                       |           | 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 S   | chedule II In-Kir   | nd Contributions Deta | iled Sum  | mary Pag      | ле Г   |           | PAGE TOTAL |
| Section 2.                         | incudic 11, 111 Kii | ia contributions beta | nea Sam   | illial y I as | ,<br>, |           | PAGE TOTAL |
|                                    |                     |                       |           |               |        | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |             |         |            |         | Re     | porting l | Period    |       |        |                        |
|--|-------------|---------|------------|---------|--------|-----------|-----------|-------|--------|------------------------|
|  |             |         |            |         | Fro    | om:       |           | To:   |        |                        |
|  |             |         |            |         | •      |           | DATE      |       |        | AMOUNT                 |
| Full Name of Contributor                                       |             |         |            |         |        | МО        | DAY       | YEAR  |        |                        |
| Mailing Address  |             |         |            |         |        |           |           |       | \$     | 0.00                   |
| City   | State       |         | Zip Code(I | Plus 4) |        |           |           |       |        |                        |
| Employer of Contributor  |             |         |            |         |        | Occupa    | ition     |       | •      |                        |
| Employer Mailing Address/Principal Plac<br>Business            | ce of       | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iption | of Contribution        |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |        | <b>PAGE TOTAL</b> 0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Car   | ndidate             |                                   | Reporti   | ng Period |        |          |            |
|---|---------------------|-----------------------------------|---|-----------|--------|----------|------------|
| Friends of Thaddeus Kirkland  |                     |                                   | From  | 11/2      | 3/2021 | То:      | 12/31/2021 |
|   |                     |                                   |   | DATE      |        |          | AMOUNT     |
| <b>To Whom Paid</b><br>Kim Long   |                     |                                   | МО  | DAY       | YEAR   |          |            |
| Mailing Address   |                     |                                   |   | 10        | 2021   | \$<br>\$ | 300.00     |
| <b>City</b> Chester   | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>19013 | Description of Expenditure  Donaton for Christmas |           |        |          |            |
| <b>To Whom Paid</b><br>Thaddeus Krkland   |                     |                                   | мо  | DAY       | YEAR   |          |            |
| Mailing Address 1027 W. 8th   | St                  |                                   | 12  | 10        | 2021   | \$       | 3,000.00   |
| City Chester  State PA  Zip Code (Plus 4) 19013  Description of Experses for senion |                     |                                   |   |           |        |          | heon.      |
| Enter Grand Total of Expendi  | tures on Page 1. Pe | uport Cover Page Item I           | `   |           |        |          | PAGE TOTAL |

3,300.00