LOBBYIST

COMMITTEE 🗸

Campaign Finance Report

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

Report

CANDIDATE

Filer Identificati Number :	on 2002	149			Repo		y :	CAN	IDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candida	ate or Lo	obbyist:	F	Frien	ds d	of Th	addeu	ıs K	irkland	d		•	·				
Street Address:	P.O. Box 755																	
City:	Chester							State	:	PA			Zip Cod	le: 19	016			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA PRIMA		Р	POST- 3.			AMENDM REPORT	Yes	No)	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. 2ND FRIDAY PRE- ELECTION 5.					30 DA		Р	POST- 6.			TERMINA REPORT		Yes	No)	\
report type)	ANNUAL REPORT	7.						IG METHOD CHECK ONE				PAPER		\	DISKE	TTE		
Name of Office S	ought by Candidat	te:	-		_			DATI	ΕO	F ELE	СТІО	N	District Number	Office Code	Pa	rty Code	Coun	
								МО		DAY	YE	AR						
				_					11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО		DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
			1 1		1	T) 		1		1	1						
A. Amount Bro	ught Forward Fron	1 Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sched	dule 1	I)	\$				5	500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$				5	500.00							
D. Total Expenditures (From Schedule III)						\$					0.00							
E. Ending Cash Balance (Subtract Line D From Line C)							\$				5	00.00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00						
				AFF]	IDA'	VIT	SE	CTIC	N									
	a Committee report, incl	•	-											f my knou	anhalv	and heli	of tr	
correct and comple	ete.	_	attacheu sc	incuures	mea	он <u>р</u>	арсі	oi by c	icci		culum	, are to	ine best o	iny kilov	ricage	and ben	ci , ti	_
Sworn to and subs	cribed before me this day of —		20								S	ignature	of Perso	n Submitt	ing Re	port		
	Signatu	re					•						Prin	ted Name				_
My Commission Ex	·								•				Ema	il				
	МО	D	AY	YR						Ar	ea Cod	e	Daytim	e Teleph	one Nu	ımber		ᆜ
	a report of a cand					•				_								
No 320) as amende		y knowle	edge and beli	ief this	politio	calo	comm	ittee ha	as n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333	3,
Sworn to and subsc	ribed before me this day of		20									s	ignature o	of Candida	te			
													Printe	d Name				-
My Commission Exp	Signature ires												Ema	il				-
	мо	Di	ΑY	YR		_				Area	Code		Di	aytime Te	lepho	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period									
Friends of Thaddeus Kirkland	From:	То:								
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)		\$ 500.00								
TOTAL for the Reporting	Period (3)	\$ 500.00								
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		\$ 500.00								

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting				
			From:		То	:	
		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.

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 Filling Committee of Candidate				Reporting Period From: To:					
			l		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 Repo					orting Period					
		Fror	n:		To	o:				
			D	ATE		AMOUNT				
			МО	DAY	YEAR					
				a	2023	\$ 500.00	0			
State PA	Zip Code (Plus 19013	s 4)	3	,	2023	,				
			Occupa	tion						
e of	City			State		Zip Code (Plus 4)				
dule I, Detailed Si	ummary Page,	Section	on 3.		:	PAGE TOTAL \$ 500.00				
	e of	PA 19013	State Zip Code (Plus 4) PA 19013 e of City	From: MO State Zip Code (Plus 4) PA 19013 Occupation	State Zip Code (Plus 4) 5 9 PA 19013 Occupation City State	State Zip Code (Plus 4) 5 9 2023 PA 19013 Occupation e of City State City State	To: DATE AMOUNT			

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	Name of Filing Committee or Candidate			rting Period						
			From:			To:				
				D	ATE			AMOUNT		
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. Detaile	d Summary Page	Section	4			,	PAGE TOTAL		
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	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 Period		
Friends of Thaddeus Kirkland	From:	То:	
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	Reporting Period						
	From:						
				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					Reporting Period						
					From:			То:			
						DAT	E			AMOUNT	
Full Name of Contributor					мо	DAY	,	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(Plus	4)							
Employer of Contributor					Оссир	ation					
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00