### **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 :	on	20021	49			Rep File			CAN	CANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Ca	andida	te or Lo	bbyist:		Frie	nds	of Th	addeu	s Ki	irkland	i							
Street Address:																			
City:	Chester								State	ŀ	PA			Zip Cod	le: 19	016			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		P	OST-	3.		AMENDMENT REPORT?		Yes	√ No	)	
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND FRIDA ELECTION	Y PRE	≣- !	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	No	)	<b>√</b>
report type)	ANNUAL REF	PORT	7.	<b>Year</b> 2023					NG MET			PAPER				DISKI	TTE		
Name of Office S	ought by Car	ndidate	e:						DATE	0	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	YE	AR						
										11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		nd	МО	DAY	YEAR	ł			МО		DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	023	Т	0		3	2	27	2023						
A. Amount Bro	ught Forward	d From	Last Re	eport				\$					0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 500.00																			
C. Total Funds Available (Sum Of Lines A and B) \$ 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 Contribu	utions	Receive	ed (From S	chedu	le II	)	\$					0.00						
G. Unpaid Debt	s And Obliga	tions (	From S	chedule IV	/)			\$					0.00		,				
					AFF	IDA	١٧١	ΓSE	CTIO	N									
PART I - If this is		-	-	_									_						
I swear (or affirm) correct and comple		rt, inclu	ding the	attached sc	hedules	s filed	d on	paper	or by el	ectr	onic me	edium,	are to t	he best of	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before n day of	ne this		20						•		s	ignature	of Persor	1 Submitt	ing Re	oort		_
		ignature	<u> </u>	-				-		•				Print	ted Name				-
My Commission Ex	pires							_		-				Emai	il				
	мо		DA	lΥ	YR						Are	a Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	a candi	date's a	authorized	Comn	nitte	e, C	andid	ate sh	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	dge and beli	ief this	polit	ical	comm	ittee ha	s no	t violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before m	e this		20									Si	ignature o	of Candida	ite			_
	— — —							-						Printe	d Name				-
	Signa	ature						-		-									_
My Commission Exp	ires													Emai	ıı				
	м	10	DA	lΥ	YR	l		•			Area	Code		Da	ytime Te	elephor	ne Numi	er	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		_
Friends of Thaddeus Kirkland	From:	1/1/202	<u>3</u> To:	3/27/2023
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	\$	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 an 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

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.

Name of Filing Committee of	Name of Filing Committee or Candidate			Reporting Period						
				Fro	om:		То	•		
			·			DATE			AMOUNT	
Full Name of Contributing Co	mmittee				МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code (Plus 4)	)						

**PAGE TOTAL** 

0.00

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

### 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					
				From: To			):	
					DATE			AMOUNT
Full Name of Contributor				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.

#### **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	lame of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							<b>-</b>   \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on Schedule I, Detailed 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	Name of Filing Committee or Candidate			Reporting Period							
Frien	ds of Thaddeus Kirkland			Fror	n:	1/1/2	<u>023</u> <b>T</b>	o:	: <u>3/27/2023</u>		
					DATE				AMOUNT		
	Full Name of Contributor Betty Jo Jacobs				мо	DAY	YEAR	\$	500.00		
Mailing Address					_		202				
City	Chester	State	Zip Code (Plu	s 4)	5	9	202	3			
		l <sub>PA</sub>	19013								
Emplo	yer Name				Occupation						
Emplo	yer Mailing Address/Principal Pla	ce of Business	City			State		Zip	Code (Plus 4)		
Enter	Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								PAGE TOTAL		
								\$	500.00		

## 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 Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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>1/1/2023</u> <b>To:</b>	<u>3/27/2023</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 Car	ndidate		Reporting Period					
			From:			To		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions De					PAGE TOTAL		
Section 2.						\$	0	.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Zip Code(Plus 4) Description of Contributi				on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				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						
Enter Grand Total of Evnenditures of					PAGE TOTAL				
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00		