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	149				port ed B		CAND	IDA	ATE		COMN	MITTEE	✓ [LOB	BYIS	Т	
Name of Filing C	Committee	, Candida	ite or Lo	obbyist:		KIR	KLA	ND, T	HADDE	US	FRIE	NDS	OF						
Street Address:	РОВ	OX 755																	
City:	CHES	TER							State:	Р	PA			Zip Cod	le: 19	013-0)755		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA		PO	ST-	3. X		AMENDM REPORT?		Yes		No	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRID ELECTION		E-	5.	30 DA		РО	ST-	6.		TERMINA REPORT?		Yes		No	\
report type)	ANNUAL	REPORT	7.	Year 200	6				NG METH CHECK (PAPER		\	DIS	KETTE	
Name of Office S	ought by	Candidat	e:						DATE	OF	ELEC	CTIO	N	District Number	Office Code	Pa	rty C	ode Cou	
DEDDECEMENT	\/E TNI TII	E CENED	AL ACC	EMDL V					МО	D	PAY	YE	AR		STH	DE	М		
REPRESENTATI	VE IN IH	E GENEK	AL ASS	EMBLY					1	1		7	2006		(SEE IN	STRUCT	ONS F	OR CODE	S)
Summary of	•	and	МО	DAY	YEAR	₹			МО	D	PAY	YE	AR	FO	R OFFIC	E USE	ON	LY	
Expenditures	s trom:			1	1	1	Т	0		6		5	2006						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				8	375.34						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (Fro	m Sche	dule	e I)	\$				1,1	.00.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				1,9	75.34						
D. Total Expend	ditures (F	rom Sche	dule II	[)				\$				1,1	14.50						
E. Ending Cash	Balance (Subtract	Line D	From Line	e C)			\$				8	60.84						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From	Schedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obl	ligations	(From S	chedule 1	(V)			\$					0.00						
					AFF	-ID/	٩VI	T SE	CTION										
PART I - If this is		-	•	_						-	•				e 1			!:-# 4	
I swear (or affirm) correct and comple		eport, incit	Jaing the	attached s	cneaule	s file	a on	paper	or by elec	ctroi	nic me	earum	, are to t	ne best o	г ту кпоч	vieage	ana	репет , т	rue
Sworn to and subs	cribed befo day of	re me this		20						_		s	ignature	of Perso	n Submitt	ing Re	port		
		Signatur	e					- -		_				Prin	ted Name	1			-
My Commission Ex	pires									_				Ema	il				_
	Ī	мо	DA	λY	YR						Are	a Cod	e	Daytim	e Teleph	one Nu	ımbe	•	
Part II- If this is	a report	of a cand	idate's	authorize	d Comn	nitte	ee, C	andid	ate shal	l si	gn he	re.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and be	elief this	s polit	tical	comm	ittee has	not	violat	ed an	y provisi	ions of the	e act of Ju	ıne 3,1	.937	(P.L. 13	33,
Sworn to and subsc		e me this								_			Si	ignature o	of Candida	ate			-
	day of ——							_		_				Printa	d Name				_
	s	ignature						-											_
My Commission Exp		-												Ema	il				
	_	мо	D	AY	YR	ì.		-		_	Area (Code		Da	ytime To	elepho	ne Nı	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
KIRKLAND, THADDEUS FRIENDS OF	From:	То:	<u>6/5/2006</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	1,100.00
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	g 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		\$	1,100.00

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	ttee or Candidate Reporting 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 Filling Committee of Camulatte			Rep Fro					
			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 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 Candidate			Rep	orting Pe	riod			
			Froi	m:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE TOTAL 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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		
KIRKLAND, THADDEUS FRIENDS OF	From:	То:	<u>6/5/2006</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 P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reportir	ng Period			
KIRKLAND, THADDEUS FRIE	ENDS OF		From			То:	6/5/2006
		1		DATE			AMOUNT
To Whom Paid DESIGNS BY DEBBIE			мо	DAY	YEAR		
Mailing Address 2708 PRI	2700 FRICE STREET				2006	\$	787.50
City CHESTER State Zip Code (Plus 4) PA 19013				otion of Exp			
To Whom Paid JOE LELLI			МО	DAY	YEAR		
Mailing Address 16 W 5TH	l ST		5	16	2006	\$	300.00
City CHESTER	State PA	Zip Code (Plus 4) 19013	1	otion of Exp			
To Whom Paid CHEYNEY COTTLION			мо	DAY	YEAR		
Mailing Address PO BOX 8	372		6	5	2006	\$	27.00
City CHESTER	State PA	Zip Code (Plus 4) 19013	Descrip AD	otion of Exp	enditure		
	<u> </u>						PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

1,114.50