### **Campaign Finance Report**

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

| Filer Identification 2002149<br>Number :                    |                                |             |                         |       | Repo<br>Filed |              | CAND                | IDATE     |        | соми       | OMMITTEE ~         |                | LOBBYIST  |           |                |   |
|---|--------------------------------|-------------|-------------------------|-------|---------------|--------------|---------------------|-----------|--------|------------|--------------------|----------------|-----------|-----------|----------------|---|
| Name of Filing C  | Committee, Candi               | date or L   | obbyist:                | F     | riend         | s of Th      | naddeus             | Kirklan   | d      |            |                    |                |           |           |                |   |
| Street Address:   |                                |             |                         |       |               |              |                     |           |        |            |                    |                |           |           |                |   |
| City:   | CHESTER                        |             |                         |       |               |              | State:              | PA        |        |            | Zip Cod            | <b>de:</b> 19  | 9013-0755 |           |                |   |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRIDAY P<br>PRIMARY | RE-   | 2.3           |              | 30 DAY F<br>PRIMARY |           | 3.     |            | AMENDMENT REPORT?  |                | Yes       | No        | ~              |   |
| (place X to<br>the right of                                 | 6TH TUESDAY<br>PRE-ELECTION    | 4.          | 2ND FRIDAY<br>ELECTION  | PRE-  | - 5.          | 30 D<br>ELEC | AY<br>CTION         | POST-     | 6.     |            | TERMIN/<br>REPORT  |                | Yes       | No        | ~              |   |
| report type)  | ANNUAL REPOR                   | 7.          | <b>Year</b> 2008        |       |               |              | NG METH             |           |        |            | PAPER              |                | <b>/</b>  | DISKE     | TTE            |   |
| Name of Office S  | Sought by Candid               | ate:        |                         |       |               |              | DATE                | OF ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Par       | ty Code   | County<br>Code |   |
|   |                                |             |                         |       |               |              | МО                  | DAY       | YE     | AR         |                    | STH            | DEM       | 1         | 23             | _ |
| REPRESENTATI  | VE IN THE GENE                 | RAL ASS     | EMBLY                   |       |               |              | 1                   | 1         | 4      | 2008       |                    | (SEE IN        | STRUCTIO  | ONS FOR C | ODES)          | _ |
|   | Receipts and                   | МО          | DAY YE                  | AR    |               |              | МО                  | DAY       | YE     | EAR        | FC                 | R OFFI         | CE USE    | ONLY      |                |   |
| Expenditures from: 1 1 2008 TO 4 7                          |                                |             |                         |       |               |              |                     |           |        | 2008       |                    |                |           |           |                |   |
| A. Amount Bro   | ught Forward Fro               | m Last R    | eport                   |       |               | \$           | 5                   |           | g      | 903.27     |                    |                |           |           |                |   |
| B. Total Moneta   | ary Contributions              | And Rec     | eipts (From So          | hed   | lule I)       | \$           | \$                  |           | 6,9    | 900.00     |                    |                |           |           |                |   |
| C. Total Funds Available (Sum Of Lines A and B) \$ 7,803.27 |                                |             |                         |       |               |              |                     |           |        |            |                    |                |           |           |                |   |
| D. Total Expend   | ditures (From Sc               | nedule II   | I)                      |       |               | \$           | 5                   |           | 8      | 90.00      |                    |                |           |           |                |   |
| E. Ending Cash Balance (Subtract Line D From Line C)        |                                |             |                         |       |               |              | 5                   |           | 6,9    | 13.27      | ]                  |                |           |           |                |   |
| F. Value Of In-   | Kind Contribution              | ns Receiv   | ed (From Sche           | dule  | e II)         | 4            | 5                   |           |        | 0.00       |                    |                |           |           |                |   |
| G. Unpaid Debt  | ts And Obligation              | s (From S   | Schedule IV)            |       |               | 4            | 5                   |           |        | 0.00       |                    |                | 1         |           |                |   |
|   |                                |             | А                       | FFI   | DAV           | IT SE        | CTION               |           |        |            |                    |                |           |           |                |   |
| PART I - If this is   | s a Committee re               | port, trea  | surer sign her          | e. If | f this i      | s a Ca       | ndidate             | report, o | candi  | date sig   | jn here.           |                |           |           |                |   |
| I swear (or affirm) correct and comple                      | ) that this report, in<br>ete. | cluding the | attached sched          | ules  | filed o       | 1 paper      | or by elec          | tronic m  | edium  | , are to t | the best o         | f my kno       | wledge a  | and belie | ef , true      |   |
| Sworn to and subs   | cribed before me th<br>day of  | is          | 20                      |       |               |              |                     |           | S      | ignature   | of Perso           | n Submit       | ting Rep  | ort       |                |   |
|   | — — Signat                     | ure         |                         |       |               | _            |                     |           |        |            | Prin               | ted Name       | e         |           |                |   |
| My Commission Ex  | cpires                         |             |                         |       |               | _            |                     |           |        |            | Ema                | il             |           |           |                |   |
|   | МО                             | D           | AY                      | YR    |               |              |                     | Ar        | ea Cod | le         | Daytim             | e Teleph       | one Nu    | mber      |                |   |
| Part II- If this is   | a report of a car              | ndidate's   | authorized Co           | mm    | ittee,        | Candio       | date shal           | l sign h  | ere.   |            |                    |                |           |           |                |   |
| I swear (or affirm)<br>No 320) as amende                    | that to the best of<br>ed.     | my knowl    | edge and belief t       | his į | politica      | l comn       | nittee has          | not viola | ted an | y provis   | ions of th         | e act of J     | une 3,19  | 937 (P.L. | 1333,          |   |
| Sworn to and subsc  | ribed before me thi<br>day of  | 5           |                         |       |               |              |                     |           |        | s          | ignature (         | of Candid      | ate       |           |                |   |
|   |                                |             |                         |       |               | _            |                     |           |        |            | Printe             | d Name         |           |           |                | ١ |
| My Commission F   | Signature                      | ı           |                         |       |               | _            |                     |           |        |            | Ema                | il             |           |           |                |   |
| My Commission Exp   |                                |             |                         |       |               | _            |                     |           |        |            |                    |                |           |           |                |   |
|   | МО                             | D           | AY                      | YR    |               | _            |                     | Area      | Code   |            | D                  | aytime T       | elephon   | e Numbe   | er             |   |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | Period  |              |                 |
|--|-----------|---------|--------------|-----------------|
| Friends of Thaddeus Kirkland   | From:     | 1/1/200 | <u>8</u> To: | <u>4/7/2008</u> |
| 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)  |           |         | \$           | 100.00          |
| All Other Contributions (Part B)   | \$        | 500.00  |              |                 |
| TOTAL for the Reporting  | ) Period  | (2)     | \$           | 600.00          |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |         |              |                 |
| Contributions Received From Political Committees (Part C)  |           |         | \$           | 1,500.00        |
| All Other Contributions (Part D)   |           |         | \$           | 4,800.00        |
| TOTAL for the Reporting  | ) Period  | (3)     | \$           | 6,300.00        |
| 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 |           |         | \$           | 6,900.00        |

#### **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 or Candidate | Reporting | Period   |     |                 |
|---------------------------------------|-----------|----------|-----|-----------------|
| Friends of Thaddeus Kirkland          | From:     | 1/1/2008 | То: | <u>4/7/2008</u> |
|                                       |           |          |     |                 |

DATE AMOUNT

| Full Name of Cont             | Full Name of Contributing Committee |       |                   |   |     |      |                  |
|-------------------------------|-------------------------------------|-------|-------------------|---|-----|------|------------------|
| Elevated Depiction Management |                                     |       |                   |   | DAY | YEAR |                  |
| Mailing Address               |                                     |       |                   | 4 | 5   | 2008 | <b>\$</b> 100.00 |
| <b>City</b> Harrisburg        | 3                                   | State | Zip Code (Plus 4) | 7 |     | 2000 |                  |
|                               |                                     | PA    | 17102             |   |     |      |                  |
|                               |                                     |       |                   |   |     |      |                  |

**PAGE TOTAL \$** 100.00

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    | ame of Filing Committee or Candidate    |       |                  |     | orting Po                | eriod |            |    |                   |  |
|---------|---|-------|------------------|-----|--------------------------|-------|------------|----|-------------------|--|
| Frien   | ds of Thaddeus Kirkland                 |       |                  | Fro | From: <u>1/1/2008</u> To |       |            |    | : <u>4/7/2008</u> |  |
|         |   |       |                  |     |                          | DATE  |            |    | AMOUNT            |  |
| Full Na | me of Contributor                       |       |                  |     | МО                       | DAY   | YEAR       |    |                   |  |
| Fatema  | N. Haider                               |       |                  |     |                          | 27    | 1 = 1 11 1 |    |                   |  |
| Mailing | Mailing Address State Zin Code (Plus 4) |       |                  |     |                          |       |            | \$ | 250.00            |  |
| City    | Mount Laurel                            | State | Zip Code (Plus 4 | )   | 4                        | 6     | 2008       |    |                   |  |
|         |   | NJ    | 8054             |     |                          |       |            |    |                   |  |
| Full Na | me of Contributor                       |       |                  |     | МО                       | DAY   | YEAR       |    |                   |  |
| Ronald  | T. Starr                                |       |                  |     | 1-10                     | DAI   | ILAK       |    |                   |  |
| Mailing | Address                                 |       |                  |     |                          |       |            | \$ | 50.00             |  |
| City    | Philadelphia                            | State | Zip Code (Plus 4 | )   | 4                        | 6     | 2008       |    |                   |  |
|         |   | PA    | 19150            |     |                          |       |            |    |                   |  |
| Full Na | me of Contributor                       |       |                  |     | МО                       | DAY   | YEAR       |    |                   |  |
| Wilbur  | L. Kirkland                             |       |                  |     | 1-10                     | DAI   | ILAK       |    |                   |  |
| Mailing | Address                                 |       |                  |     |                          |       |            | \$ | 200.00            |  |
| City    | Glenmore                                | State | Zip Code (Plus 4 | )   | 4                        | 5     | 2008       |    |                   |  |
|         |   | PA    | 19343            |     |                          |       |            |    |                   |  |

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

**PAGE TOTAL \$** 500.00

#### **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 |                |      |             |            |
|-----------|-------------------------------------|-------|---------|------------|--------|----------------|------|-------------|------------|
| Friends o | of Thaddeus Kirkland                |       |         | From:      | 1/     | <u>/1/2008</u> | То:  |             | 4/7/2008   |
|           |                                     |       |         |            | DA     | TE             |      |             | AMOUNT     |
| Full Nam  | ne of Contributing Committee        |       |         |            | мо     | DAY            | YEAR |             |            |
| PA Truck  | R PAC PA Motor TRUCK ASSN.          |       |         |            |        |                |      | _ s         | 500.00     |
| Mailing A | Address                             |       |         |            | 3      | 21             | 2008 |             |            |
| City C    | Camp Hill                           | State | Zip Cod | e (Plus 4) | ]      | 21             | 2000 |             |            |
|           |                                     | PA    | 17011-  | 640        |        |                |      |             |            |
| Full Nam  | Full Name of Contributing Committee |       |         |            |        | DAY            | YEAR |             |            |
| PSEA PA   | CE                                  |       |         |            | МО     |                |      | <b>_</b> \$ | 500.00     |
| Mailing A | Address                             |       |         |            | 4      | 2              | 2008 | ] `         |            |
| City H    | larrisburg                          | State | Zip Cod | e (Plus 4) | ]      |                | 2000 |             |            |
|           |                                     | PA    | 17105-  | 172        |        |                |      |             |            |
| Full Nam  | ne of Contributing Committee        |       |         |            | мо     | DAY            | YEAR |             |            |
| AZ PAC    |                                     |       |         |            |        |                | 1    | \$          | 500.00     |
| Mailing A | Mailing Address                     |       |         |            | 3      | 21             | 2008 |             |            |
| City W    | Vilmington                          | State | Zip Cod | e (Plus 4) | ]      | 21             | 2008 |             |            |
|           |                                     | DE    | 19850-  | 543        |        |                |      |             |            |
|           |                                     |       |         |            |        |                |      |             | PAGE TOTAL |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 1,500.00

### 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 of Candidate  | me of rining committee of Canadate |      |                  |              |         | riod  |                |                     |                   |  |  |
|--|------------------------------------|------|------------------|--------------|---------|-------|----------------|---------------------|-------------------|--|--|
| Friends of Thaddeus Kirkland           |                                    |      |                  | Fron         | n:      | 1/1/2 | 2 <u>008</u> 1 | To: <u>4/7/2008</u> |                   |  |  |
|  |                                    |      |                  |              | D/      | ATE   |                |                     | AMOUNT            |  |  |
| Full Name of Contributor               |                                    |      |                  |              | мо      | DAY   | YEAR           |                     |                   |  |  |
| Pravin Lawande                         |                                    |      |                  |              | МО      | DAY   | TEAR           | \$   \$             | 450.00            |  |  |
| Mailing Address                        |                                    |      |                  |              | 4       | 5     | 200            |                     |                   |  |  |
| City Philadelphia                      | State                              | Zi   | p Code (Plus     | ; 4)         | ] 4     | 3     | 200            | °                   |                   |  |  |
|  | l <sub>PA</sub>                    | 19   | 9104             |              |         |       |                |                     |                   |  |  |
| Employer Name self                     |                                    |      |                  |              | Occupat | ion   | Busine         | ssma                | n                 |  |  |
| Employer Mailing Address/Principal Pl  | ice of Business                    |      | City             |              | -       | State |                | Zip                 | Code (Plus 4)     |  |  |
|  |                                    |      | <br>  Philadelph | nia          |         | PA    |                | 19:                 | 104               |  |  |
| Full Name of Contributor               |                                    |      |                  |              |         | !     |                | T                   |                   |  |  |
| Pramanand Rangari                      |                                    |      |                  |              | МО      | DAY   | YEAR           | \$   \$             | 350.00            |  |  |
| Mailing Address                        |                                    |      |                  |              |         |       |                | _                   |                   |  |  |
| <b>City</b> Philadelphia               | State                              | Zi   | p Code (Plus     | · 4)         | 4       | 5     | 200            | 8                   |                   |  |  |
| 1 madeipma                             | PA                                 | 1    | 9104             | ,            |         |       |                |                     |                   |  |  |
| Employer Name Self                     |                                    |      | ,101             |              | Occupat | ion   | Busine         | cema                | n                 |  |  |
| Employer Mailing Address/Principal Pla | ace of Business                    |      | City             |              |         |       |                |                     | Zip Code (Plus 4) |  |  |
| Zimpioyei riaimig /iaaress/11meiparri  | ice of Business                    |      | Philadelph       | ui a         |         | PA    |                |                     | 104               |  |  |
|  |                                    |      | 1 madeipi        | iia          |         | 117   |                | 1 1 2               | 104               |  |  |
| Full Name of Contributor               |                                    |      |                  |              | мо      | DAY   | YEAR           | :                   | 4,000.00          |  |  |
| Michael Thevar                         |                                    |      |                  |              |         |       |                |                     | ,                 |  |  |
| Mailing Address                        | Ta                                 | Τ    |                  |              | 4       | 5     | 200            | 8                   |                   |  |  |
| City North Wales                       | State                              | 1    | p Code (Plus     | <b>3 4</b> ) |         |       |                |                     |                   |  |  |
|  | I PA                               | 1 19 | 9454-145         |              |         |       | I              | ı                   |                   |  |  |
| Employer Name Self                     |                                    |      | <u> </u>         |              | Occupat | tion  | Busine         | 1                   |                   |  |  |
| Employer Mailing Address/Principal Pl  | ice of Business                    |      | City             |              |         | State |                | Zip                 | Code (Plus 4)     |  |  |
|  |                                    |      | North Wal        | es           |         | PA    |                | 194                 | 454-145           |  |  |
| Enter Grand Total of Part C on Sch     | edule I, Detailed S                | umn  | nary Page,       | Section      | on 3.   |       |                |                     | PAGE TOTAL        |  |  |
|  |                                    |      |                  |              |         |       |                | \$                  | 4,800.00          |  |  |
|  |                                    |      |                  |              |         |       | <u>-</u>       |                     |                   |  |  |

## 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:  |          |     | То:  |    |            |
|                            |                           | •                 |        | D        | ATE |      |    | AMOUNT     |
| Full Name                  |                           |                   |        | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address            |                           |                   |        |          |     |      | 7  |            |
| City                       | State                     | Zip Code (Plu     | ıs 4)  |          |     |      |    |            |
| Receipt Description        | <u>'</u>                  | <u>'</u>          |        |          | •   |      |    |            |
| Futor Curred Total of Bout | For Cabadula I Batailad   | I Comment Page Co |        | 4        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part  | E on Schedule 1, Detailed | Summary Page, Se  | ection | 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>1/1/2008</u> <b>To:</b> | <u>4/7/2008</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:            |    |            |             | :      |      |  |
|                                 |                        |                     |                  |    |            |             | AMOUNT |      |  |
| Full Name of Contributor        | МО                     | DAY                 | YEAR             |    |            |             |        |      |  |
| Mailing Address                 |                        |                     |                  |    |            | <b>7</b> \$ |        | 0.00 |  |
| City                            | State                  | Zip Code (Plus 4)   |                  |    |            |             |        |      |  |
| Description of Contribution:    | •                      |                     | •                | •  |            | •           |        |      |  |
|                                 |                        |                     |                  |    | -          |             |        |      |  |
| Enter Grand Total of Part F o   | nd Contributions Detai | ailed Summary Page, |                  |    | 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    | porting | Period       |        |       |                 |  |
|---|------------------|------|------------------|--------|---------|--------------|--------|-------|-----------------|--|
|   |                  |      |                  | Fro    | From:   |              |        | То:   |                 |  |
|   |                  |      |                  |        |         | 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 | у                | State  | e Zip   | Code(Plus 4) | Descri | ption | of Contribution |  |
| Enter Grand Total of Part G on Sch      | edule II, In-Kin | nd C | Contributions D  | etaile | ed      |              |        |       | PAGE TOTAL      |  |
| Summary Page, Section 3.                |                  |      |                  |        |         |              |        |       | 0.00            |  |

890.00

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or   | r Candidate |                   | Reporti   | ng Period   |          |     |            |  |
|---|-------------|-------------------|-----------|-------------|----------|-----|------------|--|
| Friends of Thaddeus Kirklar   | nd          |                   | From      | 1/:         | 1/2008   | То: | 4/7/2008   |  |
|   |             | I                 | DATE AMOU |             |          |     |            |  |
| To Whom Paid  |             |                   | МО        | DAY         | YEAR     |     |            |  |
| Breon Segree  |             |                   |           |             |          |     |            |  |
| Mailing Address   |             |                   |           | 10          | 2008     | \$  | 200.00     |  |
| City Chester  | State       | Zip Code (Plus 4) | Descrip   | tion of Exp | enditure |     |            |  |
|   | PA          | 19013             | voter re  | egistration |          |     |            |  |
| To Whom Paid  |             |                   | мо        | DAY         | YEAR     |     |            |  |
| Charles Dixon   |             |                   |           | DAI         | ILAK     |     |            |  |
| Mailing Address   |             |                   | 3         | 15          | 2008     | \$  | 690.00     |  |
| City Chester State Zip Code (Plus 4)                                    |             |                   |           | tion of Exp | enditure |     |            |  |
|   | PA          | 19013             | Obama     | t-shirts    |          |     |            |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |             |                   |           |             |          |     | PAGE TOTAL |  |