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 :			Rep File			CAND	IDATE		СОМ	ITTEE	✓	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: KIRKLAND, THADDEUS FRIENDS OF																
P O BOX 755 Street Address:																
City:	CHESTER							State:	PA			Zip Cod	le: 1	9013-0	755	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	2	2.	30 DA PRIMA		POST-	3. X		AMENDMENT REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA		POST- 6.			TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2009					IG METH CHECK O				PAPER		\checkmark	DISKE	ГТЕ
Name of Office S	Sought by Candida	ate:	•					DATE ()F ELE	CTIC	N	District Number	Office Code	Part	y Code	County Code
								МО	DAY	YI	AR	Ruilbei	Code			code
								11		3	2009		(SEE IN	ISTRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY YE	EAR				МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	irom:		1 1	20	009	Т	<u> </u>	6	5	8	2009]				
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				377.18					
B. Total Moneta	ary Contributions	And Rec	eipts (From So	ched	dule	I)	\$			Ţ	500.00					
C. Total Funds	Available (Sum 0	f Lines A	and B)				\$			1,8	377.18					
D. Total Expend	ditures (From Scl	nedule II	I)				\$			1,1	50.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			7	27.18					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II))	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			•		
			А	\FF	IDA	١VI	T SE	CTION								
	s a Committee re								•							
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached sched	lules	filed	l on	paper (or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ting Rep	ort	
			_				-					Prin	ted Nam	e		
My Commission Ex	Signat opires	ure										Ema	il .			
•	мо	D	AY	YR			_		Ar	ea Cod	le			none Nur	nber	
Part II- If this is	a report of a car	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politi	ical	commi	ittee has ı	not viola	ted an	y provis	ions of the	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this	i									S	ignature o	of Candid	ate		
	day of						_					Dulm*-	d Name			
	Signature						-					Printe	d Name			
My Commission Exp	_											Ema	il			
	МО	D	AY	YR			-		Area	Code		Da	ytime 1	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-								
Name of Filing Committee or Candidate	Reporting Period							
KIRKLAND, THADDEUS FRIENDS OF	From:	1/1/200	<u>9</u> To:	6/8/2009				
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)	-		\$	500.00				
All Other Contributions (Part B)	All Other Contributions (Part B)							
TOTAL for the Reporting	(2)	\$	500.00					
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) 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 o	r Candidate		Reporting	Period			
KIRKLAND, THADDEUS FRI	ENDS OF		From:	1/1/20) <u>09</u> To	:	6/8/2009
		L		DATE			AMOUNT
Full Name of Contributing Con PENNSYLVANIA SOCIAL SERV			мо	DAY	YEAR		
Mailing Address 2589 IN	ITERSTATE DR					\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Con POLITICAL LABOR ACTION NO			МО	DAY	YEAR		
Mailing Address 800 N T	THIRD ST 4TH FL					\$	250.00
City HARRISBURG	State	Zip Code (Plus 4)	6	5	2009		

17102

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

PA

PAGE TOTAL \$ 500.00

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:					
					DATE		Al	MOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	١						

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	me of Filing Committee or Candidate			Reporting Period					
			Froi	m:		To	То:		
				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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	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	l Summary Page	Section	4			P/	AGE TOTAL
- Country of Furt 2	Juliana 1/ Butanet	. January rage,		••			\$	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:	<u>1/1/2009</u> To:	<u>6/8/2009</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				
	Fro					То:	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 Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or 0	Candidate		Reporti	ng Period			
KIRKLAND, THADDEUS FRIE	NDS OF		From	<u>1/:</u>	1/2009	То:	6/8/2009
				DATE			AMOUNT
To Whom Paid DYNAGRAPHICS			МО	DAY	YEAR		
Mailing Address 4324 TACK	5	10	2009	\$	300.00		
City PHILADELPHIA	Descrip PALM C	otion of Exp	enditure				
To Whom Paid ANDREW NORTHERN				DAY	YEAR		
Mailing Address 1115 MEA	DOW LN		5	16	2009	\$	500.00
City CHESTER	State PA	Zip Code (Plus 4) 19013	1	otion of Exp			
To Whom Paid CHAMBERS FOUNDATION			МО	DAY	YEAR		
Mailing Address 2841 WEST 6TH ST			5	29	2009	\$	350.00
City CHESTER	State PA	Zip Code (Plus 4) 19013	Descrip	otion of Exp	enditure		
	l	l .				ı	PAGE TOTAL

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

1,150.00