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 2002	2149				port ed B		CANDI	CANDIDATE COMMITTEE V LOBBYIST							
Name of Filing C	Committee, Candid	late or L	obbyist:		KIR	KLAI	ND TH	IADDEUS	FRIE	NDS (OF.					
Street Address:	P O BOX 755															
City:	CHESTER							State:	PA			Zip Cod	ie: 19	013-0	755	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2009					IG METHO CHECK O				PAPER			DISKE	ГТЕ
Name of Office S	= Sought by Candida	ite:			_			DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County
								МО	DAY	ΥI	AR		1	DEM	1	
								11		3	2009		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	/EAR	l			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		1 1	2	009	Т	0	12		31	2009					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			1,:	162.00					
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	ı)	\$			ļ	500.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 1,662.00																
D. Total Expen	ditures (From Sch	edule II	I)				\$			9	900.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			7	62.00]				
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	:)	\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1		
			ı	AFF	IDA	۱۷۶	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	didate re	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge a	and belie	f , true
Sworn to and subs	cribed before me the day of	s	20							9	Signature	of Perso	n Submit	ting Rep	ort	
	Signate	ıre					- -					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted ar	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate		
	day of —— ————						-					Printe	d Name			
	Signature						-									
My Commission Exp	ires											Ema	il			
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

· -				
Name of Filing Committee or Candidate	Reporting	J Period		
KIRKLAND THADDEUS FRIENDS OF	From:	1/1/200	<u>9</u> To:	12/31/2009
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	500.00
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 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

Name of Filing Commi	ttee or Candidate		Reporting Period						
		From:		То	:				
		L		DATE			AMOUNT		
Full Name of Contributin	g Committee		МС	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

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		AN	40UNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$ \$	0.00		
City	State	Zip Code (Plus 4)	1							

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 Per	iod		
KIRKLAND THADDEUS FRIENDS OF	From:	1/1/2009	То:	12/31/2009

DATE AMOUNT

Full Name of Contributing Committee PECOPAC	_					
Mailing Address 2301 MARKET STREET						\$ 500.00
City PHILADELPHIA State Zip Code (PA 19103			12	1	2009	

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

PAGE TOTAL 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 or Candidate	ame of Filing Committee or Candidate				orting Pe					
				Fror	n:		To	То:		
					D	ATE		AI	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City State Zip Code (Plus 4)				s 4)						
Employer Name	•				Occupation					
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P \$	AGE 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 C	Candidate		Report	ing Perio	bd			
			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	n Schedule T. Detailed	l Summary Page	Section	4.			PAGE TOTA	AL
		· • • • • • • • • • • • • • • • • • • •					\$	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:	12/31/2009
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period				
					From:			То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	1		•			Occupa	ation				
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

	A-1111 A 111 A 111 A						
Name of Filing Committee or Can	didate		Reporti	ng Period			
KIRKLAND THADDEUS FRIENDS	OF		From	1/	1/2009	То:	12/31/2009
				DATE			AMOUNT
To Whom Paid LASHANDA WOOTEN			мо	DAY	YEAR		
Mailing Address 1007 W 5TH ST.			11	29	2009	\$	500.00
City CHESTER	State PA	Zip Code (Plus 4) 19015		otion of Exp			
To Whom Paid CASH			МО	DAY	YEAR		
Mailing Address			12	1	2009	\$	400.00
City	State	Zip Code (Plus 4)	1	otion of Exp			

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

PAGE TOTAL

900.00