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	20040)18				Repo Filed			CA	NDII	DATE		СОМ	4ITTEE	✓	LOB	вуіст		
Name of Filing C	ommittee	, Candida	te or Lo	bbyist	t:	ŀ	KELLE	ĒR,	MAR	K FR	END	S OF								
Street Address:	РОВ	OX 323																		
City:	LAND:	SBURG								State	e:	PA			Zip Code: 17040-0000					
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FI PRIMA		PRE-	2.		30 DA PRIMA		OST-			AMENDMENT REPORT?		Yes	١	0	/	
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FI ELECT		PRE-	- 5.		30 DAY P ELECTION			OST- 6. X		TERMINATION REPORT?		Yes	Ν	0	\	
report type)	ANNUAL	REPORT	7.	Year 2	2014					NG ME					PAPER		\	DISK	ETTE	
Name of Office S	ought by	Candidate	e:							DAT	E O	F ELE	CTI	NC	District Number	Office Code	Pa	rty Cod	e Cour	
REPRESENTATI	VE IN THI	E GENIED	AI ACC	EMRIV	,					МО		DAY	Y	EAR	86	STH	REI)	50	
REFRESENTATI	VE IN IIII	CLIVEIO	AL A33	LINDLI							11		4	2014		(SEE IN:	STRUCTI	ONS FO	CODES)
Summary of	•	and	МО	DAY	Y	YEAR			_	МО		DAY	Y	EAR	FO	R OFFIC	CE USE	ONL	7	
Expenditures	irom:		1	.0	21	20)14	T)		11	2	24	2014						
A. Amount Bro	ught Forw	ard From	Last R	eport					\$				44,	080.41						
B. Total Monetary Contributions And Receipts (From Schedule)	\$			2,550.00								
C. Total Funds Available (Sum Of Lines A and B)								\$				46,	630.41							
D. Total Expenditures (From Schedule III)							\$				3,	150.31								
E. Ending Cash Balance (Subtract Line D From Line C)							\$				43,	480.10								
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fro	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obl	igations ((From S	chedu	le IV)			\$					0.00			'			
						AFF]	IDA۱	/IT	SE	CTI	NC									
PART I - If this is		•	•									•		_						
I swear (or affirm) correct and comple		eport, inclu	iding the	attach	ed sch	edules	filed	on p	aper	or by e	electr	onic m	ediun	n, are to t	the best o	f my knov	wledge	and be	lief , tr	ue
Sworn to and subs	cribed befo	re me this		20										Signature	of Perso	n Submitt	ing Re	port		
		Signature	e	-					-						Prin	ted Name)			_
My Commission Ex	pires	_													Ema	il				
	N	10	D/	lΥ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a candi	idate's	author	ized	Comm	ittee,	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and	d belie	ef this	politic	al d	comm	ittee h	as no	ot viola	ted a	ny provis	ions of th	e act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		e me this												s	ignature o	of Candida	ate			-
	day of — -														Printe	d Name				-
	S	ignature																		_
My Commission Exp	ires														Ema	il				
	_	мо	DA	λY		YR						Area Code Daytime Telephone Numbe					ber	-		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

· -							
Name of Filing Committee or Candidate	Reporting Period						
KELLER, MARK FRIENDS OF	From:	10/21/201	<u>.4</u> To:	11/24/2014			
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)	_		\$	250.00			
All Other Contributions (Part B)			\$	100.00			
TOTAL for the Reporting	TOTAL for the Reporting Period (2)						
3. Contributions Received Over \$250.00 (From Part C and Part D)							
Contributions Received From Political Committees (Part C)			\$	2,200.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting	J Period	(3)	\$	2,200.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	J 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			\$	2,550.00			

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		
KELLER, MARK FRIENDS OF	From:	10/21/2014	To:	11/24/2014
		DATE		AMOUNT

Full Name of Contributing Committee MALADY & WOOTEN PUBLIC AFFAIRS	-					
Mailing Address 604 N THIRD ST						\$ 250.00
City HARRISBURG	State PA	Zip Code (Plus 4) 171010000	10	23	2014	

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

PAGE TOTAL \$ 250.00

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 Filing Committee or Candidate	e		Rep	orting Po	eriod					
KELLER, MARK FRIENDS OF			Fro	m:	10/21/2	2 <u>014</u> To	o: <u>11/24/2014</u>			
						DATE AMOUI				
Full Name of Contributor Earl Besch				МО	DAY	YEAR				
Mailing Address 209 Willow Avenue						2014	\$ 50.00			
City Camp Hill	State PA	Zip Code (Plus 4) 17011		10	30	2014				
Full Name of Contributor Samuel Worley				МО	DAY	YEAR				

Zip Code (Plus 4)

17201

10

21

2014

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

State

PA

Mailing Address

Chambersburg

City

55 Sanibel Lane

PAGE TOTAL \$ 100.00

50.00

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	me of Filing Committee or Candidate				Reporting Period						
KELLER, MARK FRIENDS OF			From:	10/2	1/2014	То:	11/24/2014				
				DA	TE		AMOUNT				
Full Name of Contributing Committee NOVARTIS CORP PAC (NOVARTIS PAC)				МО	DAY	YEAR					
Mailing Address 701 PA AVE NW STE	725						\$ 275.	.00			
City WASHINGTON	State DC	Zip Code 200040	(Plus 4)	10	27	2014					
Full Name of Contributing Committee Farmer	Farmer Mailing Address					YEAR					
Mailing Address P.O. Box 8736 City Camp Hill	State PA	Zip Code 17001	e (Plus 4)	10	21	2014	\$ 550.	.00			
Full Name of Contributing Committee FLYERS VICTORY FUND					DAY	YEAR					
Mailing Address 659 LAKE ST							\$ 600.	.00			
City DALLAS	State PA	Zip Code 18612	e (Plus 4)	10	23	2014					
Full Name of Contributing Committee H-TECH PAC				МО	DAY	YEAR					
Mailing Address 200 S. BROAD ST ST	E 850			10	25	2014	\$ 275.	.00			
City PHILADELPHIA	PA	Zip Code 191020	(Plus 4)	10	23	2014					
Full Name of Contributing Committee MYLAN INC / MYPAC					DAY	YEAR					
Mailing Address 700 6TH ST, NW, STE 525							\$ 500.	.00			
City WASHINGTON	State DC	Zip Code 20001	e (Plus 4)	10	21	2014					

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

PAGE TOTAL

\$ 2,200.00

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	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 Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed So	ummary Page	, Section	on 3.			F \$	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 Ca	ndidate		Repor	ting Perio	od			
			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 on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	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 Peri	od	
KELLER, MARK FRIENDS OF	From:	<u>10/21/2014</u> To:	11/24/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
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 Candid							
			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	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period					
					Fro	om:		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		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
KELLER, MARK FRIENDS OF			From	10/2	1/2014	То:	11/24/2014
				DATE			AMOUNT
To Whom Paid Visaggios Ristorante			МО	DAY	YEAR		
Mailing Address 6990 Wer	tzville Road		11	17	2014	\$	300.00
City Enola State Zip Code (Plus 4) PA 17025				Description of Expenditure Deposit for campaign reception			
To Whom Paid Ickesburg Sportsmens Associ	МО	DAY	YEAR				
Mailing Address P.O. Box 175			11	21	2014	\$	686.56
City Ickesburg	State PA	Zip Code (Plus 4) 17037	1	otion of Exp			
To Whom Paid Fannettsburg Inn	·		мо	DAY	YEAR		
Mailing Address 11057 Cre	eek Road		10	27	2014	\$	1,073.75
City Fannettsburg	State PA	Zip Code (Plus 4) 17221		otion of Exp		1	
To Whom Paid Cumberland County Republic	an Committee		МО	DAY	YEAR		
Mailing Address P.O. Box 1495		10	21	2014	\$	1,090.00	
City Camp Hill	State PA	Zip Code (Plus 4) 17001	Description of Expenditur Annual Fall Banquet				
Enter Grand Total of Expe	nditures on Page 1, Re	eport Cover Page, Item D).				PAGE TOTAL

3,150.31