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 2004 | 018 | | | Report Filed B | | CANDI | DATE | | СОМ | MITTEE | ✓ | LOB | BYIST | |
|---|----------------------------------|------------|-----------------------|----------|-------------------|--------------------------------|---------------|-------------------|-------|------------|--------------------|---------------|--------------|----------|----------------|
| | Committee, Candida | ate or Lo | obbyist: | | | | L K FRIENI | DS OF | | | | | | | _ |
| Street Address: | 6441 WAGGO | NERS G | AP RD | | | | | | | | | | | | |
| City: | LANDISBURG | | | | | | State: | PA | | | Zip Co | de: 17 | 040-0 | 000 | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | - 2. | 30 DA PRIMA | | POST- 3. X | | | AMENDI REPORT | | Yes | No | ° ▼ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | ELECTION | | | | POST- | 6. | | TERMIN REPORT | | Yes | No | o 🗸 |
| report type) | ANNUAL REPORT | 7. | Year 2016 | | | FILING METHOD () CHECK ONE | | | | | PAPER | | \checkmark | DISK | ETTE |
| Name of Office Sought by Candidate: | | | | | | | DATE O | F ELEC | CTIO | N | District Number | | Par | ty Code | County Code |
| | VE IN THE GENER | | | | | | мо | DAY | YE | AR | 86 | STH | REF | • | 50 |
| REPRESENTATI | | AL ASSI | EMDL1 | | | | 11 | | 8 | 2016 |] | (SEE INS | STRUCTI | ONS FOR | CODES) |
| | Receipts and | мо | DAY | YEAR | | | мо | DAY | YI | EAR | FC | OR OFFIC | E USE | ONLY | |
| Expenditures | from: | | 4 12 | 20 | 016 T | 0 | 5 | 1 | .6 | 2016 | | | | | |
| A. Amount Bro | ught Forward Fron | n Last Ro | eport | | | \$ | | | 51,3 | 319.56 | | | | | |
| B. Total Moneta | ary Contributions / | And Reco | eipts (Fron | n Sche | dule I) | \$ | | | 2,0 | 00.00 | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | \$ | | | 53,3 | 319.56 | | | | | |
| D. Total Expense | ditures (From Scho | edule II | [) | | | \$ | | | 6,4 | 15.11 | | | | | |
| E. Ending Cash | Balance (Subtract | t Line D | From Line | C) | | \$ | | | 46,9 | 04.45 | | | | | |
| F. Value Of In- | Kind Contributions | Receive | ed (From S | chedu | le II) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | chedule I\ | /) | | \$ | | | | 0.00 | | | | | |
| | | | | AFF | IDAVI | T SE | CTION | | | | | | | | |
| | s a Committee repo | - | _ | | | | | | | | - | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | uding the | attached so | hedules | filed on | paper o | or by elect | ronic me | dium | , are to t | the best o | of my knov | vledge | and bel | ief , true |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | S | ignature | e of Perso | on Submitt | ing Re | oort | |
| | Signatu | re | | | | - | | | | | Prir | nted Name | 1 | | |
| My Commission Ex | cpires | | | | | _ | | | | | Ema | ail | | | |
| | мо | DA | AY | YR | | | | Are | a Cod | le | Daytin | ne Teleph | one Nu | mber | |
| Part II- If this is | a report of a cand | lidate's a | authorized | Comm | nittee, C | andida | ate shall | sign he | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of med. | ıy knowle | edge and bel | ief this | political | commi | ttee has n | ot violat | ed an | y provis | ions of th | e act of Ju | ıne 3,1 | 937 (P.I | L. 1333, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | s | ignature | of Candida | ate | | |
| | | | | | | - | | | | | Printe | ed Name | | | |
| My Commission Exp | Signature | | | | | - | | | | | Ema | ail | | | |
| Hy commission Exp | | | | | | | | | | | | | | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

| Detailed Summary Page | | | | |
|--|----------------------------|----------------|------------------------|------------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| KELLER, MARK FRIENDS OF | From: | <u>4/12/20</u> |) <u>16</u> To: | <u>5/16/2016</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) | | | \$ | 300.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting | J Period | (2) | \$ | 300.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 1,700.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | J Period | (3) | \$ | 1,700.00 |
| 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 | id enter am ge, Item B. | ount) | \$ | 2,000.00 |

\$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 Candidat | te | | Reporti | ng l | Period | | | |
|--|--------------------|-------------------------------------|---------|------|----------------|----------------|----|------------------|
| KELLER, MARK FRIENDS OF | | | From: | | <u>4/12/20</u> |) <u>16</u> To | • | <u>5/16/2016</u> |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee SCHOOL NURSE PAC | | | мо | | DAY | YEAR | | |
| Mailing Address 1300 CREST LN | | | | | | | \$ | 100.00 |
| City OAKDALE | State PA | Zip Code (Plus 15071 | 4) | 4 | 18 | 2016 | | |
| Full Name of Contributing Committee PENN HY-PAC (PA DENTAL HYGIENISTS | 5) | | мо | | DAY | YEAR | | |
| Mailing Address 123 RUSSELL AV | E | | | | | | \$ | 100.00 |
| City DOUGLASVILLE | State PA | Zip Code (Plus 19518 | 4) | 4 | 18 | 2016 | | |
| Full Name of Contributing Committee PA CEMETERY FUNERAL ASSOC PAC | | | мо | | DAY | YEAR | | |
| Mailing Address 3051 GREEN PON | ID RD | | | | | | \$ | 100.00 |
| City EASTON | State PA | Zip Code (Plus 18045-0000 | 4) | 4 | 18 | 2016 | | |
| Fator Crowd Tabal of Doub A on Cabo | dula I. Datai | | | | | | | PAGE TOTAL |

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

| PART B 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 Candidat | e | | Rep | orting P | eriod | | | | |
| | From: | | | | | |): | | |
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part A on S | Schedule I, Detail | ed Summary Pag | je, Se | ection 2 | 2. | | \$ | 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 | | | |
|---|--------------------|----------------------------|---------------------------|------------|---------------|------|------------------|
| KELLER, MARK FRIENDS OF | | | From: | <u>4/1</u> | <u>2/2016</u> | То: | <u>5/16/2016</u> |
| | | | | DA | TE | | AMOUNT |
| Full Name of Contributing Committee VERSANT PAC | | | | мо | DAY | YEAR | |
| Mailing Address 116 PINE ST 5TH FL | | | | | | | \$ 300.00 |
| City HARRISBURG | State PA | Zip Code 17101-0 | e (Plus 4) 0000 | 4 | 12 | 2016 | |
| Full Name of Contributing Committee MONSANTO CITIZENSHIP FUND | | | | мо | DAY | YEAR | |
| Mailing Address 800 N LINDBERGH B | LVD State MO | Zip Code 631670 | e (Plus 4) 000 | 4 | 12 | 2016 | \$ 300.00 |
| Full Name of Contributing Committee PABAR PAC (PA BAR ASSN) | | | | мо | DAY | YEAR | |
| Mailing Address 100 SOUTH STREET | | | | 4 | 12 | 2016 | \$ 300.00 |
| City HARRISBURG | State PA | 171010 | e (Plus 4) 000 | | | | |
| Full Name of Contributing Committee PA TRUCK PAC | | | | мо | DAY | YEAR | |
| Mailing Address 910 LINDA LANE City CAMP HILL | State PA | Zip Code | e (Plus 4) 409 | 4 | 12 | 2016 | \$ 300.00 |
| Full Name of Contributing Committee STANDARDBRED BREEDERS ASSOC OF | PA PAC | | | мо | DAY | YEAR | |
| Mailing Address P O BOX 339 ROUTE | State | | e (Plus 4) | 4 | 21 | 2016 | \$ 500.00 |
| | PA | 173310 | 339 | | | | |

\$

PART D 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 | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | D | ATE | | ΑΜΟ | JNT |
|---|---------------------|--|---------|-------|------|-------------|---------|
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| Employer Name | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | State | | Zip Code (F | Plus 4) |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ımmarv Page, Secti | on 3. | | | PAGE | TOTAL |
| | , | , 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, | | | 4 | ; | 0.00 |

PART E **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 | Name of Filing Committee or Candidate | | | ting Perio | od | | | | |
|---------------------------------------|---------------------------------------|------------|---------|------------|-----|------|----|---------|------|
| | | | From: | | | То: | | | |
| | | | | D | ATE | | | AMOUNT | ſ |
| Full Name | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 5 | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | · | | | | | • | • | | |
| Enter Grand Total of Part E on Sched | ule T. Detailed Sum | mary Page | Section | 4 | | | | PAGE TO | TAL |
| | | | 20000 | | | | \$ | | 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 | i | |
|---|------------------|----------------------|------------------|
| KELLER, MARK FRIENDS OF | From: | <u>4/12/2016</u> то: | <u>5/16/2016</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, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting | Period | | | |
|--|--------------------|-------------------|-----------|----------|------|------|-------|
| | | | | | | То: | |
| | | | | DATE | | ΑΜΟΙ | UNT |
| 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 Scheo Section 2. | lule II, In-Kind C | ontributions Deta | iled Sum | mary Pag | je, | PAGE | TOTAL |
| | | | | | 4 | 5 | 0.00 |

PAGE 11

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | Re | porting P | Period | | | |
|---|---------------------------------------|------|--|--------|-----------|-----------|-----------|--------|---------------------------|-----------------|
| | | | | Fro | From: To: | | | | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | City State Zip Code(Plus 4) | | | | | | | | | |
| Employer of Contributor | | | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descri | otion | of Contribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3. | | | | etaile | ed | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | | | |
|--|---|-----------------------------------|---------------------------|----------------------------------|---------------|-----|------------------|
| KELLER, MARK FRIENDS OF | | | From | <u>4/1</u> | <u>2/2016</u> | То: | <u>5/16/2016</u> |
| | | | | DATE | | | AMOUNT |
| To Whom Paid HRCC | | | мо | DAY | YEAR | | |
| Mailing Address P.O. Box 11787 | | | 4 | 12 | 2016 | \$ | 500.00 |
| City Harrisburg PA Zip Code (Plus 4) 17108 | | | | ntion of Exp as Event | penditure | | |
| To Whom Paid Gingrich for State House | | | мо | DAY | YEAR | | |
| Mailing Address 7 Sandlewood Drive | | | 4 | 12 | 2016 | \$ | 200.00 |
| CityPalmyraStateZip Code (Plus 4)PA17078 | | | | otion of Exp oution | penditure | | |
| To Whom Paid Friends of Andrew Lewis | | | мо | DAY | YEAR | | |
| Mailing Address P.O. Box 586 | | | 4 | 22 | 2016 | \$ | 4,000.00 |
| City New Bloomfield | State PA | Zip Code (Plus 4) 17068 | Descrip Contrib | otion of Exp oution | penditure | | |
| To Whom Paid Millerstown Moose #925 | | | мо | DAY | YEAR | | |
| Mailing Address 109 W. Juniata Pkw | у | | 5 | 2 | 2016 | \$ | 50.00 |
| City Millerstown | State PA | Zip Code (Plus 4) 17062 | | otion of Exp fety fair | penditure | | |
| To Whom Paid FNBM | | | | DAY | YEAR | | |
| Mailing Address 2 North Main Street | Mailing Address 2 North Main Street | | | 2 | 2016 | \$ | 100.00 |
| City Mifflintown | State PA | Zip Code (Plus 4) 17059 | Descrip Golf sp | otion of Exp onsor | penditure | 1 | |

| To Whom Paid Timothy Black | | | | | мо | DAY | YEAR | | | |
|--|--|--------------------|--------------------|-----------------------------------|--|--|--|------|--|--------|
| Mailing Address 130 Cove Hill Road | | | | | 5 | 16 | 2016 | \$ | | 100.00 |
| City | Managerilla | | State | Zip Code (Plus 4) | Decerin | tion of Ex | | | | |
| | Marysville | | РА | 17053 | | enita schola | | | | |
| To Whom Paid Abigail Whitehead | | | | | мо | DAY | YEAR | | | |
| Mailing Address 60 Fleesher Road | | | | | 5 | 16 | 2016 | \$ | | 100.00 |
| City | Marysville | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | | РА | 17053 | | enita schola | | | | |
| To Whom Paid Mikaela Weimer | | | | | | DAY | YEAR | | | |
| Mailing Address 414 Ford Hill Road | | | | | 5 | 16 | 2016 | \$ | | 100.00 |
| City | Millerstowr | 1 | State | Zip Code (Plus 4) | Descrip | tion of Ex | , Denditure | | | |
| | | | РА | 17062 | Greenwood scholarship award | | | | | |
| To Whom Paid Kevin Sheaffer | | | | | | | | | | |
| Kevin S | Sheaffer | | | | мо | DAY | YEAR | | | |
| | Sheaffer Address | 438 Nekoda Road | | | мо 5 | DAY 16 | 2016 | \$ | | 100.00 |
| Mailing | Address | | State | Zip Code (Plus 4) | 5 | 16 | 2016 | | | 100.00 |
| Mailing | | | State PA | Zip Code (Plus 4) 17062 | 5 Descrip | | 2016 penditure | | | 100.00 |
| Mailing | Address Millerstowr | | | | 5 Descrip | 16 ption of Exp | 2016 penditure | | | 100.00 |
| Mailing City To Who Hailey | Address Millerstowr | | | | 5 Descrip Greenw | 16 ption of Exp vood schola | 2016 Denditure arship aw | | | 100.00 |
| Mailing City To Who Hailey | Address Millerstowr om Paid Weller Address | 1 | | | 5 Descrip Greenw MO 5 | 16 Detion of Exp vood schola DAY 13 | 2016 Denditure arship aw YEAR 2016 | vard | | |
| Mailing City To Who Hailey | Address Millerstowr om Paid Weller | 1 | ΡΑ | 17062 | 5 Descrip Greenw MO 5 Descrip | 16 btion of Exp vood schola | 2016 Denditure arship aw YEAR 2016 Denditure | vard | | |
| Mailing City To Who Hailey | Address Millerstown Om Paid Weller Address Newport | 1 | PA | 17062 Zip Code (Plus 4) | 5 Descrip Greenw MO 5 Descrip | 16 ption of Exp vood schola DAY 13 ption of Exp | 2016 Denditure arship aw YEAR 2016 Denditure | vard | | |
| Mailing City To Who Hailey M Mailing City To Who Aaron F | Address Millerstown Om Paid Weller Address Newport | 1 | PA | 17062 Zip Code (Plus 4) | 5 Descrip Greenw MO 5 Descrip Newpor | 16 ption of Exp yood schola DAY 13 ption of Exp rt scholars | 2016 Denditure arship aw YEAR 2016 Denditure hip award | vard | | |
| Mailing City To Who Hailey Mailing City To Who Aaron F Mailing | Address Millerstowr Om Paid Weller Address Newport Newport | 123 Ringneck Drive | PA | 17062 Zip Code (Plus 4) | 5 Descrip Greenw MO Descrip Newpor | 16 ption of Exp yood schola DAY 13 ption of Exp rt scholars DAY | 2016 Denditure arship aw YEAR 2016 Denditure hip award YEAR 2016 | s | | 100.00 |

| To Whom Paid Hannah Houtz | мо | DAY | YEAR | | | | |
|---|--------------------|-----------------------------------|--|----|--------|----|----------------------------|
| Mailing Address 275 Pike Road | 5 | 16 | 2016 | \$ | 100.00 | | |
| City Landisburg | State PA | Zip Code (Plus 4) 17040 | Description of Expenditure West Perry scholarship award | | | | |
| To Whom Paid Logan Ulsh | мо | DAY | YEAR | | | | |
| Mailing Address 256 Peach Ridge Ro | 5 | 16 | 2016 | \$ | 100.00 | | |
| City Elliottsburg | State PA | Zip Code (Plus 4) 17024 | Description of Expenditure West Perry scholarship award | | | | |
| To Whom Paid Hilton | мо | DAY | YEAR | | | | |
| Mailing Address One North Second S | 4 | 12 | 2016 | \$ | 640.11 | | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure Dinner for campaign workers | | | | |
| To Whom Paid Perry Printing | мо | DAY | YEAR | | | | |
| Mailing Address 51 Church Street | 4 | 14 | 2016 | \$ | 125.00 | | |
| City New Bloomfield | State PA | Zip Code (Plus 4) 17068 | Description of Expenditure Sports tags | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | PAGE TOTAL 6,415.11 |