### **Campaign Finance Report**

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

|  |                            |            |           |                        |         | eport<br>led B |             |                |                    | <b>✓</b> | cc       | OMMITTEE |                        | LOBBYIST                              |         |           |          |          |
|--|----------------------------|------------|-----------|------------------------|---------|----------------|-------------|----------------|--------------------|----------|----------|----------|------------------------|---------------------------------------|---------|-----------|----------|----------|
| Name of Filing C                         | ommittee,                  | Candida    | ate or Lo | obbyist:               |         | JON            | VATH        | IAN KI         | EELER              |          |          |          |                        |                                       |         |           |          |          |
| Street Address:                          |                            |            |           |                        |         |                |             |                |                    |          |          |          |                        |                                       |         |           |          |          |
| City:                                    |                            |            |           | ,                      |         |                |             |                | State:             |          |          |          | Zip Code               | : 17                                  | 036     |           |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDA<br>PRE-PRIMAR   |            | 1.        | 2ND FRIDAY<br>PRIMARY  | PRE     | -              | 2. <b>X</b> | 30 DA<br>PRIMA |                    | POST-    | POST- 3. |          |                        | NT                                    | Yes     | No        | •        | <b>/</b> |
| (place X to<br>the right of              | 6TH TUESDA<br>PRE-ELECTION |            | 4.        | 2ND FRIDAY<br>ELECTION | PRE     | <u>-</u>       | 5.          | 30 DA<br>ELECT |                    | POST-    | 6.       |          | TERMINATION<br>REPORT? |                                       | Yes     | No        |          | <b>/</b> |
| report type)                             | ANNUAL RI                  | EPORT      | 7.        | <b>Year</b> 2020       |         |                |             |                | NG METH<br>CHECK ( |          |          |          | PAPER                  |                                       |         | DISKE     | TTE      |          |
| Name of Office S                         | ought by C                 | andidat    | :e:       |                        |         |                |             |                | DATE (             | OF ELE   | CTIO     | N        | District<br>Number     | Office<br>Code                        | Par     | ty Code   | Coun     |          |
|  |                            |            |           |                        |         |                |             |                | МО                 | DAY      | YE       | AR       | 106                    | STH                                   | DEN     | 1         | 00       |          |
| REPRESENTATI                             | VE IN THE                  | GENER      | AL ASS    | EMBLY                  |         |                |             |                | 1:                 | 1        | 3        | 2020     | <b> </b>               | (SEE INS                              | TRUCTI  | ONS FOR C | CODES    | ,—       |
| Summary of                               |                            | and        | МО        | DAY                    | YEAR    | ł              |             |                | МО                 | DAY      | YE       | AR       | FOR                    | OFFIC                                 | E USE   | ONLY      |          |          |
| Expenditures                             | from:                      |            |           | 3 10                   | 2       | 020            | <b>T</b>    | 0              |                    | 5        | 18       | 2020     |                        |                                       |         |           |          |          |
| A. Amount Bro                            | ught Forwa                 | rd From    | ı Last R  | eport                  |         |                |             | \$             |                    |          |          | 0.00     |                        |                                       |         |           |          |          |
| B. Total Moneta                          | ary Contribu               | utions A   | Ind Rec   | eipts (From            | Sche    | dule           | e I)        | \$             |                    |          | 1,0      | 00.00    |                        |                                       |         |           |          |          |
| C. Total Funds                           | Available (S               | Sum Of     | Lines A   | and B)                 |         |                |             | \$             |                    |          | 1,0      | 00.00    | ]                      |                                       |         |           |          |          |
| D. Total Expend                          | ditures (Fro               | m Sche     | dule II   | τ)                     |         |                |             | \$             | _                  |          | 1,0      | 00.00    |                        |                                       |         |           |          |          |
| E. Ending Cash                           | Balance (S                 | ubtract    | Line D    | From Line C            | :)      |                |             | \$             |                    |          |          | 0.00     |                        |                                       |         |           |          |          |
| F. Value Of In-                          | Kind Contril               | butions    | Receive   | ed (From Sc            | hedu    | le I           | I)          | \$             |                    |          |          | 0.00     |                        |                                       |         |           |          |          |
| G. Unpaid Debt                           | s And Oblig                | jations (  | (From S   | ichedule IV)           | )       |                |             | \$             |                    |          |          | 0.00     |                        | ,                                     |         |           |          |          |
|  |                            |            |           |                        | AFF     | ID             | AVI         | T SE           | CTION              |          |          |          |                        |                                       |         |           |          |          |
| PART I - If this is                      | a Committ                  | tee repo   | rt, trea  | surer sign h           | iere. ! | If th          | nis is      | a Can          | ndidate ı          | eport,   | candid   | date sig | gn here.               |                                       |         |           |          |          |
| I swear (or affirm) correct and comple   |                            | ort, inclu | ıding the | attached sch           | edules  | s file         | ed on       | paper o        | or by elec         | tronic n | nedium   | , are to | the best of I          | my know                               | /ledge  | and belie | ef , tru | ıe       |
| Sworn to and subs                        | cribed before<br>day of    | me this    |           | 20                     |         |                |             |                |                    |          | S        | ignature | e of Person            | Submitt                               | ing Rep | ort       |          |          |
|  |                            | Signatur   |           | ·                      | _       |                |             | -<br>-         |                    |          |          |          | Printe                 | d Name                                |         |           |          | -        |
| My Commission Ex                         |                            | Signata.   |           |                        |         |                |             |                |                    |          |          |          | Email                  |                                       |         |           |          | -        |
|  | мс                         | 0          | D#        | AY                     | YR      | _              |             |                |                    | A        | rea Cod  | e        | Daytime                | Telepho                               | one Nu  | mber      |          |          |
| Part II- If this is                      | a report of                | f a cand   | idate's   | authorized (           | Comn    | nitte          | ee, C       | andid          | ate shal           | l sign h | ere.     |          |                        |                                       |         |           |          |          |
| I swear (or affirm)<br>No 320) as amende |                            | best of m  | y knowle  | dge and belie          | f this  | poli           | itical      | commi          | ittee has          | not viol | ated an  | y provis | ions of the            | act of Ju                             | ne 3,1  | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc                       |                            | me this    |           |                        |         |                |             |                |                    |          |          | s        | ignature of            | Candida                               | te      |           |          | -        |
|  | day of<br>——               |            |           |                        |         |                |             | _              |                    |          |          |          | Printed                | Name                                  |         |           |          | -        |
|  | Sig                        | ınature    |           |                        |         | —              |             | -              |                    |          |          |          | 77111100               | · · · · · · · · · · · · · · · · · · · |         |           |          | _        |
| My Commission Exp                        | _                          | -          |           |                        |         |                |             |                |                    |          |          |          | Email                  |                                       |         |           |          |          |
|  |                            | мо         | D/        | AY                     | YR      | <u> </u>       |             | •              |                    | Area     | Code     |          | Day                    | time Te                               | lephon  | e Numb    | er       | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| betailed Sammary 1 age   |           |          |               |           |  |  |  |  |  |  |
|--|-----------|----------|---------------|-----------|--|--|--|--|--|--|
| Name of Filing Committee or Candidate  | Reporting | Period   |               |           |  |  |  |  |  |  |
| JONATHAN KEELER  | From:     | 3/10/202 | <u>20</u> To: | 5/18/2020 |  |  |  |  |  |  |
| 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)  |           |          | \$            | 0.00      |  |  |  |  |  |  |
| All Other Contributions (Part B)   | \$        | 700.00   |               |           |  |  |  |  |  |  |
| TOTAL for the Reporting  | \$        | 700.00   |               |           |  |  |  |  |  |  |
| 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)   |           |          | \$            | 300.00    |  |  |  |  |  |  |
| TOTAL for the Reporting  | Period    | (3)      | \$            | 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 Page |           |          | \$            | 1,000.00  |  |  |  |  |  |  |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                                       | this Part to itemize onl<br>with an aggregate val |                |    |         |      |      |               |            |
|---------------------------------------|---|----------------|----|---------|------|------|---------------|------------|
| Name of Filing Committee or Candidate |   |                | Re | porting |      |      |               |            |
|                                       |   |                | Fr | om:     |      | То   | :             |            |
|                                       |   | •              |    |         | DATE |      |               | AMOUNT     |
| Full Name of Contributi               | ing Committee                                     |                |    | МО      | DAY  | YEAR |               |            |
| Mailing Address                       |   |                |    |         |      |      | \$            | 0.00       |
| City                                  | State   | Zip Code (Plus | 4) |         |      |      |               |            |
|                                       | •   | •              |    | •       | •    | •    | $\overline{}$ | PAGE TOTAL |

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

| PAGE TOTAL |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|
| \$<br>0.00 |  |  |  |  |  |  |  |  |  |  |  |

### **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 Candidate     | Name of Filing Committee or Candidate |                                   |      | eporting Period |        |         |              |          |  |
|---|---------------------------------------|-----------------------------------|------|-----------------|--------|---------|--------------|----------|--|
| JONATHAN KEELER                           |                                       |                                   | Froi | m:              | 3/10/2 | 2020 To | : <u>5</u> , | /18/2020 |  |
|   |                                       |                                   |      |                 | DATE   |         | АМО          | UNT      |  |
| Full Name of Contributor JONATHAN KEELER  |                                       |                                   |      | МО              | DAY    | YEAR    |              |          |  |
| Mailing Address 2182 GELDER PARK DRIVE    |                                       |                                   |      |                 |        | \$      | 100.00       |          |  |
| City HUMMELSTOWN                          | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>17036 |      | 1               | 4      | 2020    |              |          |  |
| Full Name of Contributor  JONATHAN KEELER |                                       |                                   |      | мо              | DAY    | YEAR    |              |          |  |
| Mailing Address 2182 GELDER PARK          | DRIVE                                 |                                   |      |                 |        |         | \$           | 100.00   |  |
| City HUMMELSTOWN                          | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>17036 |      | 1               | 9      | 2020    |              |          |  |
| Full Name of Contributor JONATHAN KEELER  |                                       |                                   |      | МО              | DAY    | YEAR    |              |          |  |
| Mailing Address 2182 GELDER PARK          | DRIVE                                 |                                   |      |                 |        |         | \$           | 100.00   |  |
| City HUMMELSTOWN                          | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>17036 |      | 1               | 17     | 2020    |              |          |  |
| Full Name of Contributor JONATHAN KEELER  |                                       |                                   |      | МО              | DAY    | YEAR    |              |          |  |
| Mailing Address 2182 GELDER PARK          |                                       |                                   |      | 2               | 7      | 2020    | \$           | 100.00   |  |
| City HUMMELSTOWN                          | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>17036 |      | 2               | ,      | 2020    |              |          |  |
| Full Name of Contributor JONATHAN KEELER  |                                       |                                   |      | МО              | DAY    | YEAR    |              |          |  |
| Mailing Address 2182 GELDER PARK DRIVE    |                                       |                                   |      |                 |        | \$      | 100.00       |          |  |
| City HUMMELSTOWN                          | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>17036 |      | 2               | 14     | 2020    |              |          |  |

| Full Name of Contributor JONATHAN KEELER |                    |                                   |           | DAY           | YEAR             |              |
|--|--------------------|-----------------------------------|-----------|---------------|------------------|--------------|
| Mailing Address 2182 GELDER PARK DRIVE   |                    |                                   |           |               |                  | \$<br>100.00 |
| City HUMMELSTOWN                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17036 | 2         | 19            | 2020             |              |
| Full Name of Contributor JONATHAN KEELER |                    |                                   |           |               |                  |              |
|  |                    |                                   | МО        | DAY           | YEAR             |              |
| JONATHAN KEELER                          | ER PARK DRIVE      |                                   | <b>MO</b> | <b>DAY</b> 28 | <b>YEAR</b> 2020 | \$<br>100.00 |

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

| PAGE TOTAL |        |  |  |  |  |  |  |  |  |  |  |
|------------|--------|--|--|--|--|--|--|--|--|--|--|
| \$         | 700.00 |  |  |  |  |  |  |  |  |  |  |

#### **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  |      | Α  | MOUNT      |
| Full Name of Contributing Committ     | tee                |               |                  | мо   | DAY | YEAR |    |            |
| Mailing Address                       |                    |               |                  |      |     |      | \$ | 0.00       |
| City                                  | State              | Zip Cod       | e (Plus 4)       |      |     |      |    |            |
|                                       |                    |               |                  |      |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S      | Schedule I, Detail | ed Summary 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               |                     |                         |              | Reporting Period        |       |      |                      |        |  |  |
|---|---------------------|-------------------------|--------------|-------------------------|-------|------|----------------------|--------|--|--|
| JONATHAN KEELER                                     |                     |                         | Fron         | m: <u>3/10/2020</u>     |       |      | To: <u>5/18/2020</u> |        |  |  |
|   |                     |                         |              | D/                      | ATE   |      | AMOL                 | JNT    |  |  |
| Full Name of Contributor JONATHAN KEELER            |                     |                         |              | МО                      | DAY   | YEAR |                      |        |  |  |
| Mailing 2182 GELDER PARK DRIVE Address              |                     |                         |              |                         |       | 2020 | \$                   | 300.00 |  |  |
| City HUMMELSTOWN                                    | State<br>PA         | Zip Code (Plus<br>17036 | s <b>4</b> ) | 1                       | 31    | 2020 |                      |        |  |  |
| Employer Name UPS FREIGHT                           |                     |                         |              | Occupation TRUCK DRIVER |       |      |                      |        |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of                | City                    |              |                         | State |      | Zip Code (Plus 4)    |        |  |  |
| 6060 CARLISLE PIKE                                  |                     | MECHAN                  | ICSBUF       | RG                      | PA    |      | 17050                |        |  |  |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed Su | mmary Page,             | Section      | on 3.                   |       |      | PAGE                 | 300.00 |  |  |
|   |                     |                         |              |                         |       | _    |                      |        |  |  |

## 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 Car | Name of Filing Committee or Candidate |                |         | Reporting Period |     |      |    |           |  |
|---------------------------------|---------------------------------------|----------------|---------|------------------|-----|------|----|-----------|--|
|                                 |                                       |                | 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 on  | Schedule T. Detailed                  | d Summary Page | Section | 4                |     |      | P  | AGE TOTAL |  |
|                                 | 2, <b>200</b> 0000                    |                | 22300   |                  |     |      | \$ | 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 Perio | od                    |                  |  |  |  |  |  |
|--|-----------------|-----------------------|------------------|--|--|--|--|--|
| JONATHAN KEELER  | From:           | 3/10/2020 <b>To</b> : | <u>5/18/2020</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Candidate |                    |                       | Reporting Period |           |      |           |            |  |
|---------------------------------------|--------------------|-----------------------|------------------|-----------|------|-----------|------------|--|
| Fi                                    |                    |                       |                  |           |      | То:       |            |  |
|                                       |                    |                       |                  | DATE      |      |           | AMOUNT     |  |
| Full Name of Contributor              |                    |                       | МО               | DAY       | YEAR |           |            |  |
| Mailing Address                       |                    |                       |                  |           |      | <b>\$</b> | 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 Sun         | nmary Pag | je,  |           | PAGE TOTAL |  |
| Section 2.                            |                    |                       |                  |           |      | \$        | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate               |             |        | Reporting Period |      |                    |            |        |       |        |                |
|---|-------------|--------|------------------|------|--------------------|------------|--------|-------|--------|----------------|
|   |             |        |                  |      | From:              |            | То     | :     |        |                |
|   |             |        |                  |      |                    | DATE       |        |       |        | AMOUNT         |
| Full Name of Contributor                            |             |        |                  |      | мо                 | DAY        | YEAR   | 1     |        |                |
| Mailing Address                                     |             |        |                  |      |                    |            |        |       | \$     | 0.00           |
| City  | State       |        | Zip Code(Plus    | 4)   |                    |            |        |       |        |                |
| Employer of Contributor                             |             |        |                  |      | Occup              | ation      |        |       |        |                |
| Employer Mailing Address/Principal Plad<br>Business | ce of       | City   | Sta              | ite  | Zi <sub> </sub> 4) | p Code(Plu | s Desc | cript | tion o | f Contribution |
| Enter Grand Total of Part G on Sch                  | edule II, I | n-Kind | Contributions    | Deta | ailed              |            |        |       |        | PAGE TOTAL     |
| Summary Page, Section 3.                            |             |        |                  |      |                    |            |        |       |        | 0.00           |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |           |     |           |  |
|---------------------------------------|------------------|-----------|-----|-----------|--|
| JONATHAN KEELER                       | From             | 3/10/2020 | То: | 5/18/2020 |  |
|                                       | DATE             |           |     | AMOUNT    |  |

|   |   |                                |   | DATE   |      | AMOUNT |        |  |
|---|---|--------------------------------|---|--|------|--------|--------|--|
| To Whom Paid FRIENDS OF JONATHAN KEELER |   |                                | мо  | DAY  | YEAR |        |        |  |
| Mailing Address 2182 GELDER PARK DRIVE  |   |                                | 1   | 4  | 2020 | \$     | 100.00 |  |
| City HUMMELSTOWN                        | ty HUMMELSTOWN State Zip Code (Plus 4) PA 17036 |                                |   | Description of Expenditure CAMPAIGN CONTRIBUTION |      |        |        |  |
| To Whom Paid FRIENDS OF JONATHAN KEELER |   |                                | МО  | DAY  | YEAR |        |        |  |
| Mailing Address 2182 GELDER PARK        | DRIVE   |                                | 1   | 9  | 2020 | \$     | 100.00 |  |
| City HUMMELSTOWN                        | IUMMELSTOWN  State PA  2ip Code (Plus 4) 17036  |                                |   | Description of Expenditure CAMPAIGN CONTRIBUTION |      |        |        |  |
| To Whom Paid FRIENDS OF JONATHAN KEELER |   |                                | МО  | DAY  | YEAR |        |        |  |
| Mailing Address 2182 GELDER PARK DRIVE  |   |                                | 1   | 17   | 2020 | \$     | 100.00 |  |
| City HUMMELSTOWN                        | State Zip Code (Plus 4) PA 17036                |                                |   | Description of Expenditure CAMPAIGN CONTRIBUTION |      |        |        |  |
| To Whom Paid FRIENDS OF JONATHAN KEELER |   |                                | мо  | DAY  | YEAR |        |        |  |
| Mailing Address 2182 GELDER PARK DRIVE  |   |                                | 1   | 31   | 2020 | \$     | 300.00 |  |
| City HUMMELSTOWN                        | <b>State</b><br>PA                              | <b>Zip Code (Plus 4)</b> 17036 | Description of Expenditure  CAMPAIGN CONTRIBUTION |  |      |        |        |  |
| To Whom Paid FRIENDS OF JONATHAN KEELER |   |                                | МО  | DAY  | YEAR |        |        |  |
| Mailing Address 2182 GELDER PARK DRIVE  |   |                                | 2   | 7  | 2020 | \$     | 100.00 |  |
| City HUMMELSTOWN                        | HUMMELSTOWN State PA  Zip Code (Plus 4) 17036   |                                |   | Description of Expenditure CAMPAIGN CONTRIBUTION |      |        |        |  |

| To Whom Paid FRIENDS OF JONATHAN KEELER                                 |  |                                   |  | DAY  | YEAR |            |        |  |
|---|--|-----------------------------------|--|--|------|------------|--------|--|
| Mailing Address 2182 GELDER PARK DRIVE                                  |  |                                   | 2  | 14   | 2020 | \$         | 100.00 |  |
| City HUMMELSTOWN  | State         Zip Code (Plus 4)           PA         17036 |                                   |  | Description of Expenditure CAMPAIGN CONTRIBUTION |      |            |        |  |
| To Whom Paid FRIENDS OF JONATHAN KEELER                                 |  |                                   | МО   | DAY  | YEAR |            |        |  |
| Mailing Address 2182 GELDER PARK DRIVE                                  |  |                                   | 2  | 19   | 2020 | \$         | 100.00 |  |
| City HUMMELSTOWN  | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>17036 | Description of Expenditure CAMPAIGN CONTRIBUTION |  |      |            |        |  |
| To Whom Paid<br>FRIENDS OF JONATHAN KEELER                              |  |                                   | МО   | DAY  | YEAR |            |        |  |
| Mailing Address 2182 GELDER PARK DRIVE                                  |  |                                   | 2  | 28   | 2020 | \$         | 100.00 |  |
| City HUMMELSTOWN  | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>17036 | Description of Expenditure CAMPAIGN CONTRIBUTION |  |      |            |        |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  |                                   |  |  |      | PAGE TOTAL |        |  |
|   |  |                                   |  |  | \$   | 1,000.00   |        |  |