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			CAN	DIE	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	obbyis	it:	İ	KELLI	ER,	MAR	K FRIE	ND	S OF								
Street Address:	6441 \	NAGGON	NERS G	AP RD)															
City:	LANDI:	SBURG								State:		PA			Zip Code: 17040-0000					
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND F PRIMA		PRE-	2.		30 DA PRIMA		P	OST-	3.		AMENDMENT REPORT?		Yes	√ N	0	
(place X to the right of	6TH TUESD PRE-ELECT		4. X	2ND F ELECT		' PRE	- 5.		30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL R	REPORT	7.	Year	2020				FILING METHOD () CHECK ONE						PAPER		\	DISK	ETTE	
Name of Office S	- Sought by C	Candidate	e:							DATE	OF	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Cour	
										МО		DAY	YI	AR	86	STH	REF	1	50	
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBL	Y						11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	•	and	МО	DA	Υ	YEAR				МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			6	23	20)20	T)		9	1	L4	2020						
A. Amount Bro	ught Forwa	ard From	Last R	eport	•		·		\$				39,	703.33						
B. Total Moneta	ary Contrib	utions A	nd Rec	eipts (From	Sched	dule 1	[)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 39,703.33																				
D. Total Expenditures (From Schedule III) \$ 7,583.30																				
E. Ending Cash	Balance (S	Subtract	Line D	From	Line C	:)			\$				32,1	20.03						
F. Value Of In-	Kind Contri	ibutions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obli	gations ((From S	Schedu	ıle IV))			\$					0.00		•				
						AFF:	IDA\	/IT	SE	CTIO	N									
PART I - If this is	a Commit	tee repo	rt, trea	surer	sign h	ere. I	f this	is	a Car	ndidate	re	port, c	andi	date sig	n here.					
I swear (or affirm) correct and comple		port, inclu	iding the	attach	ed sch	edules	filed	on p	aper	or by ele	ectr	onic me	edium	, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before	e me this		20							-		S	Signature	of Perso	n Submitt	ing Re _l	ort		
		C:t		_					-		-				Prin	ted Name				_
My Commission Ex	pires	Signature	E								-				Ema	il				-
	м	0	DA	ΑY		YR			•		-	Are	a Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	f a candi	idate's	autho	rized (Comm	ittee	, Ca	ndid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge an	d belie	f this	politic	al d	comm	ittee ha	s no	t violat	ed an	ıy provisi	ons of the	e act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		me this												Si	gnature o	of Candida	ite			-
	day of — —			20 -											Printe	d Name				_
	Sig	gnature									_									_
My Commission Exp	_														Ema	il				
	_	мо	D	AY		YR					•	Area Code Daytime Telephone Number					ber	-		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KELLER, MARK FRIENDS OF	From:	<u>6/23/202</u>	<u>0</u> To:	9/14/2020
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	J Period	(2)	\$	0.00
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	J Period	(3)	\$	0.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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			AMOUNT
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	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					
			Fron	n:		To) :		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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 Car	ıdidate		Report	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 I. Detailed	d Summary Page.	Section	4.			PAGE TOTAL
	20112111112 IJ Dotaine		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	d	
KELLER, MARK FRIENDS OF	From:	6/23/2020 To:	9/14/2020
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			
			From:			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 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	Reporting	g Period		
KELLER, MARK FRIENDS OF	From	6/23/2020	То:	9/14/2020
		DATE		AMOUNT

				DATE		AMOUNT			
To Whom Paid HRCC			мо	DAY	YEAR				
Mailing Address PO Box 11787			6	23	2020	\$	2,000.00		
City Harrisburg	State PA	Zip Code (Plus 4) 17108		Description of Expenditure Reception for Women					
To Whom Paid HRCC			МО	DAY	YEAR				
Mailing Address PO Box 11787			7	2	2020	\$	58.30		
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Intern Gift						
To Whom Paid Friends of Perry Stambaugh			МО	DAY	YEAR				
Mailing Address PO Box 141			7	14	2020	\$	500.00		
City Green Park	PA Zip Code (Plus 4) 17024			Description of Expenditure Contribution					
To Whom Paid Tri County HDC			МО	DAY	YEAR				
Mailing Address 1514 Derry Street			7	17	2020	\$	125.00		
City Harrisburg	State PA	Zip Code (Plus 4) 17104	Description of Expenditure Hole Sponsor						
To Whom Paid DiSanto for Senate			МО	DAY	YEAR				
Mailing Address PO Box 126638			7	17	2020	\$	1,500.00		
City Harrisburg	State PA	Zip Code (Plus 4) 17112	Description of Expenditure Contribution						

								PAGE	
To Whom Paid New Bloomfield Fire Company				мо	DAY	YEAR			
Mailing Address PO Box 22			7	30	2020	\$		500.00	
City New Bloo	omfield State Zip Code (Plus 4) PA 17068				otion of Exp	enditure			
To Whom Paid HRCC			мо	DAY	YEAR				
Mailing Address PO Box 11787			8	8	2020	\$		1,000.00	
City Harrisbur	g	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Donation					
To Whom Paid Rachel Soccio				МО	DAY	YEAR			
Mailing Address 151 Limekiln Road			8	17	2020	\$		100.00	
City Newport		State PA	Zip Code (Plus 4) 17074	Description of Expenditure Political Student Award					
To Whom Paid Emily Kline				МО	DAY	YEAR			
	2001 Little Buffalo F	Road		MO 8	DAY 17	YEAR 2020	\$		100.00
Emily Kline	2001 Little Buffalo F	Road State PA	Zip Code (Plus 4) 17074	8 Descrip		2020 enditure	\$		100.00
Emily Kline Mailing Address		State		8 Descrip	17	2020 enditure	\$		100.00
Emily Kline Mailing Address City Newport To Whom Paid		State PA		8 Descrip Politica	17 Student A	2020 penditure	\$		100.00
Mailing Address City Newport To Whom Paid Maverick Finance	1426 N. 3rd Street,	State PA		8 Descrip Political MO	17 Ition of Exp Student A	2020 penditure award YEAR 2020			
Emily Kline Mailing Address City Newport To Whom Paid Maverick Finance Mailing Address	1426 N. 3rd Street,	State PA Ste 310 State	17074 Zip Code (Plus 4)	8 Descrip Political MO 8 Descrip	17 Student A DAY 25	2020 penditure award YEAR 2020			
Emily Kline Mailing Address City Newport To Whom Paid Maverick Finance Mailing Address City Harrisburg To Whom Paid	1426 N. 3rd Street,	State PA Ste 310 State PA	17074 Zip Code (Plus 4)	8 Descrip Political MO 8 Descrip Evite	17 Istion of Exp DAY 25	2020 cenditure ward YEAR 2020 cenditure			

To Whom Paid Landisburg Lions Club			мо	DAY	YEAR		
Mailing Address PO Box 38			9	10	2020	\$	100.00
City Landisburg	State PA	Zip Code (Plus 4) 17040	Description of Expenditure Cornhole Sponsor				
To Whom Paid Friends of Sheryl Delozier			МО	DAY	YEAR		
Mailing Address PO Box 412			9	14	2020	\$	1,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Contribution				
Enter Crond Total of Evnenditures on Dags 1, Beneat Cover Dags There D							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	7,583.30