

Campaign Finance Report

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

Filer Identification Number : 2004018		Report Filed By :		CANDIDATE		COMMITTEE ✓	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: KELLER, MARK FRIENDS OF							
Street Address:							
City: LANDISBURG				State: PA		Zip Code: 17040-0000	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT? Yes No ✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes No ✓
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		PAPER ✓	DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	
				11	3	2020	
				(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	MO	DAY	YEAR
		9	15	2020	10	19	2020
		TO					
A. Amount Brought Forward From Last Report				\$ 32,120.03			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 500.00			
C. Total Funds Available (Sum Of Lines A and B)				\$ 32,620.03			
D. Total Expenditures (From Schedule III)				\$ 3,597.92			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 29,022.11			
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00			
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
KELLER, MARK FRIENDS OF	From: <u>9/15/2020</u> To: <u>10/19/2020</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)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting 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 Period (3)	\$ 500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 500.00
---	-----------

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>9/15/2020</u> To: <u>10/19/2020</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
VERSANT PAC									
Mailing Address					10	19	2020		
City	HARRISBURG		State	PA				Zip Code (Plus 4)	17101-0000

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

PAGE TOTAL
\$ 500.00

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

PAGE TOTAL	
\$	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	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
KELLER, MARK FRIENDS OF		From: <u>9/15/2020</u> To: <u>10/19/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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 From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
KELLER, MARK FRIENDS OF	From <u>9/15/2020</u> To: <u>10/19/2020</u>

				DATE		AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$	
Friends of Barry Jozwiak								
Mailing Address				9	17	2020		
City	Bernville	State	PA	Zip Code (Plus 4)	19506			Description of Expenditure
				Reception Dinner				
To Whom Paid				MO	DAY	YEAR	\$	
Fred Keller for Congress								
Mailing Address				9	17	2020		
City	Harrisburg	State	PA	Zip Code (Plus 4)	17108			Description of Expenditure
				Contribution				
To Whom Paid				MO	DAY	YEAR	\$	
Advance Publication								
Mailing Address				9	18	2020		
City	New Bloomfield	State	PA	Zip Code (Plus 4)	17068			Description of Expenditure
				FFA Sponsorship				
To Whom Paid				MO	DAY	YEAR	\$	
Citizens for Gleim								
Mailing Address				9	30	2020		
City	Harrisburg	State	PA	Zip Code (Plus 4)	17108			Description of Expenditure
				Donation				
To Whom Paid				MO	DAY	YEAR	\$	
P.C.R.C.								
Mailing Address				10	14	2020		
City	New Bloomfield	State	PA	Zip Code (Plus 4)	17068			Description of Expenditure
				Tickets				
To Whom Paid				MO	DAY	YEAR	\$	
Stock's on 2nd								
Mailing Address				10	19	2020		
City	Harrisburg	State	PA	Zip Code (Plus 4)	17101			Description of Expenditure
				Perry Stambaugh Fundraiser				

To Whom Paid Visaggio's			MO	DAY	YEAR	\$ 613.15
Mailing Address			10	19	2020	
City Enola	State PA	Zip Code (Plus 4) 17025	Description of Expenditure Dinner			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3,597.92

