

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2004018		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> KELLER, MARK FRIENDS OF												
<b>Street Address:</b>												
<b>City:</b> LANDISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17040-0000			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2020	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b>	<input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	86	STH	REP	50
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>					
				1	1	2020	<b>TO</b>	3	9	2020		
<b>A. Amount Brought Forward From Last Report</b>						\$ 45,964.76						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 0.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 45,964.76						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 4,706.43						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 41,258.33						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KELLER, MARK FRIENDS OF	From: <u>1/1/2020</u> To: <u>3/9/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 0.00
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<b>PART A</b> <b>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</b> <b>\$50.01 TO \$250.00</b> <b>Use this Part to itemize only contributions received from political committees</b> <b>with an aggregate value from \$50.01 to \$250.00 in the reporting period.</b>							
Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>	
\$	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:	To:

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

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

<b>PAGE TOTAL</b>
\$ 0.00

**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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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			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)	

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

<b>PAGE TOTAL</b>	
\$	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: <span style="float: right;">To:</span>
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				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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
KELLER, MARK FRIENDS OF		From: <u>1/1/2020</u> To: <u>3/9/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 0.00

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# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KELLER, MARK FRIENDS OF	From <u>1/1/2020</u> To: <u>3/9/2020</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 1,450.59
Card Member Services				1	20	2020	
Mailing Address							
City	St. Louis	State	MO	Zip Code (Plus 4)	63179	Description of Expenditure	
				Transportation expense			
To Whom Paid				MO	DAY	YEAR	\$ 250.00
CCCRW				1	16	2020	
Mailing Address							
City	Boiling Springs	State	PA	Zip Code (Plus 4)	17007	Description of Expenditure	
				Lincoln Day Dinner			
To Whom Paid				MO	DAY	YEAR	\$ 125.00
Perry County Chamber of Commerce				1	17	2020	
Mailing Address							
City	New Bloomfield	State	PA	Zip Code (Plus 4)	17068	Description of Expenditure	
				Nonprofit sponsorship			
To Whom Paid				MO	DAY	YEAR	\$ 109.18
Hot Frog				1	27	2020	
Mailing Address							
City	Mechanicsburg	State	PA	Zip Code (Plus 4)	17055	Description of Expenditure	
				Printing of bingo raffle tickets			
To Whom Paid				MO	DAY	YEAR	\$ 150.00
New Birth of Freedom C, BSA				1	28	2020	
Mailing Address							
City	Mechanicsburg	State	PA	Zip Code (Plus 4)	17050	Description of Expenditure	
				Sponsor			
To Whom Paid				MO	DAY	YEAR	\$ 38.16
Browns Printing				2	3	2020	
Mailing Address							
City	Shermans Dale	State	PA	Zip Code (Plus 4)	17090	Description of Expenditure	
				Printing bingo tickets Ickesburg Lions Club			

<b>To Whom Paid</b> New Bloomfield Lions Club			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 333.50
<b>Mailing Address</b>			2	28	2020	
<b>City</b> New Bloomfield	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17068	<b>Description of Expenditure</b> Play banners & posters			

<b>To Whom Paid</b> Perry Human Services			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b>			2	29	2020	
<b>City</b> New Bloomfield	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17068	<b>Description of Expenditure</b> Bronze sponsor			

<b>To Whom Paid</b> American Cancer Society			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 125.00
<b>Mailing Address</b>			2	29	2020	
<b>City</b> Duncannon	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17020	<b>Description of Expenditure</b> Ad			

<b>To Whom Paid</b> Friends of Perry Stambaugh			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			2	29	2020	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Sponsor			

<b>To Whom Paid</b> Advance Publications			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b>			3	2	2020	
<b>City</b> New Bloomfield	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17068	<b>Description of Expenditure</b> FFA sponsor			

<b>To Whom Paid</b> Michele Parson			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			1	4	2020	
<b>City</b> Landisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17040	<b>Description of Expenditure</b> Campaign treasury work			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 4,706.43

