

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 <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: KELLER, MARK FRIENDS OF												
Street Address: 6441 WAGGONERS GAP RD												
City: LANDISBURG						State: PA			Zip Code: 17040-0000			
TYPE OF REPORT (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	FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	86	STH	REP	50
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2020		3	9	2020				
A. Amount Brought Forward From Last Report						\$ 45,964.76						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 45,964.76						
D. Total Expenditures (From Schedule III)						\$ 4,706.43						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 41,258.33						
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>1/1/2020</u> To: <u>3/9/2020</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)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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

PAGE TOTAL	
\$	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	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributor			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.

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:	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.

PAGE TOTAL
\$ 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.)

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

				DATE	AMOUNT	
Full Name of Contributor				MO	DAY	YEAR
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.

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:
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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.

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>1/1/2020</u> To: <u>3/9/2020</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:
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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

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SCHEDULE III STATEMENT OF EXPENDITURES

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

DATE				AMOUNT		
To Whom Paid Card Member Services			MO	DAY	YEAR	\$ 1,450.59
Mailing Address P.O. 790408			1	20	2020	
City St. Louis	State MO	Zip Code (Plus 4) 63179	Description of Expenditure Transportation expense			
To Whom Paid CCCRW			MO	DAY	YEAR	\$ 250.00
Mailing Address 15 Meadowood Place			1	16	2020	
City Boiling Springs	State PA	Zip Code (Plus 4) 17007	Description of Expenditure Lincoln Day Dinner			
To Whom Paid Perry County Chamber of Commerce			MO	DAY	YEAR	\$ 125.00
Mailing Address 9 W. Main Street			1	17	2020	
City New Bloomfield	State PA	Zip Code (Plus 4) 17068	Description of Expenditure Nonprofit sponsorship			
To Whom Paid Hot Frog			MO	DAY	YEAR	\$ 109.18
Mailing Address 118 West Allen Steet			1	27	2020	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17055	Description of Expenditure Printing of bingo raffle tickets			
To Whom Paid New Birth of Freedom C, BSA			MO	DAY	YEAR	\$ 150.00
Mailing Address 1 Baden Powell Lane			1	28	2020	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17050	Description of Expenditure Sponsor			

To Whom Paid Browns Printing			MO	DAY	YEAR	\$ 38.16
Mailing Address 241 Richwine Road			2	3	2020	
City Shermans Dale	State PA	Zip Code (Plus 4) 17090	Description of Expenditure Printing bingo tickets Ickesburg Lions Club			
To Whom Paid New Bloomfield Lions Club			MO	DAY	YEAR	\$ 333.50
Mailing Address P.O. Box 226			2	28	2020	
City New Bloomfield	State PA	Zip Code (Plus 4) 17068	Description of Expenditure Play banners & posters			
To Whom Paid Perry Human Services			MO	DAY	YEAR	\$ 75.00
Mailing Address 8391 Spring Road			2	29	2020	
City New Bloomfield	State PA	Zip Code (Plus 4) 17068	Description of Expenditure Bronze sponsor			
To Whom Paid American Cancer Society			MO	DAY	YEAR	\$ 125.00
Mailing Address 5 Penn Manor Road			2	29	2020	
City Duncannon	State PA	Zip Code (Plus 4) 17020	Description of Expenditure Ad			
To Whom Paid Friends of Perry Stambaugh			MO	DAY	YEAR	\$ 1,000.00
Mailing Address P.O. Box 412			2	29	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Sponsor			
To Whom Paid Advance Publications			MO	DAY	YEAR	\$ 50.00
Mailing Address P.O. Box 130			3	2	2020	
City New Bloomfield	State PA	Zip Code (Plus 4) 17068	Description of Expenditure FFA sponsor			

To Whom Paid Michele Parson			MO	DAY	YEAR	
Mailing Address 345 Polecat Road			1	4	2020	
City Landisburg	State PA	Zip Code (Plus 4) 17040	Description of Expenditure Campaign treasury work			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,706.43

