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:	on 2004	018			Repo Filed		y :	CAI	NDI	DATE		COM	MITTEE	V	LOB	D1131		
Name of Filing C	ommittee, Candida	ite or L	obbyist:	j	KELLI	ER,	MAR	K FRI	ENE	OS OF								_
Street Address:	6441 WAGGO	NERS G	AP RD															
City:	LANDISBURG							State	:	PA			Zip Co	de: 1	7040-0	0000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE-	2.		30 DA PRIMA		P	POST-	3.		AMENDN REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	Y PRE	- 5.		30 DA ELECT		P	POST-	6.		TERMIN/ REPORT		Yes	No	\	
report type)	ANNUAL REPORT	7.	Year 2020			١		IG ME					PAPER		-	DISKE	TTE	
Name of Office S	ought by Candidat	e:						DAT	ΕO	F ELEC	TIC	ON	District Number	Office		rty Code	County Code	
DEDDESENITATI	VE IN THE GENER	AI ASS	EMRI V					МО		DAY	Y	EAR	86	STH	REI	P	50	
KLFKLJLINIAII	VE IN THE GENER	AL ASS	LINDLI						11		3	2020		(SEE I	NSTRUCTI	ONS FOR	CODES)	
Summary of I		МО	DAY	YEAR				МО		DAY	Y	EAR	FC	R OFF	CE USE	ONLY		
Expenditures	from:		3 10	20)20	T)		5	1	.8	2020						
A. Amount Bro	ught Forward Fron	Last R	eport				\$				41,	258.33						
B. Total Moneta	ary Contributions A	and Rec	eipts (From	Sched	dule 1	[)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				41,	258.33						
D. Total Expend	ditures (From Sche	dule II	I)				\$				1,	555.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$				39,	703.33						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00			1			
				AFF.	IDA	VIT	SE	CTIC	N									l
	a Committee repo	•	_									_						l
I swear (or affirm) correct and comple	that this report, include ete.	uding the	e attached scl	nedules	filed	on p	aper	or by e	lecti	ronic me	diun	ı, are to t	the best o	f my kn	owledge	and beli	ef , true	l
Sworn to and subs	cribed before me this day of		20								:	Signature	of Perso	n Subm	tting Re	port		
	Signatur	e					•						Prin	ted Nan	ne			
My Commission Ex	pires								·				Ema	il				l
	МО	D	AY	YR						Are	a Co	de	Daytin	ne Telep	hone Nu	ımber		ļ
Part II- If this is	a report of a cand	idate's	authorized	Comm	ittee	, Ca	ndid	ate sh	all :	sign he	re.							ı
No 320) as amende		y knowle	edge and beli	ef this	politic	cal o	commi	ittee h	as n	ot violat	ed a	ny provis	ions of th	e act of	June 3,1	.937 (P.L	1333,	l
Sworn to and subsc	ribed before me this day of		20									S	ignature (of Candi	date			
			_										Printe	ed Name	ı			l
My Commission Exp	Signature ires												Ema	il				
	мо	D	AY	YR						Area	Code		D	aytime	Telepho	ne Numb	er	١

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	y Period		
KELLER, MARK FRIENDS OF	From:	3/10/202	<u>0</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)			\$	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 an 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

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committ	ee or Candidate		Reporting	Period			
			From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing	Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 Filing Committe	e or Candidate	Name of Filing Committee or Candidate		Rep	orting P	eriod			
				Froi	m:		To):	
			•			DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
1				- 1					
Mailing Address								\$	0.00
Mailing Address City	St	tate	Zip Code (Plus 4)				\$	0.00

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

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detaile	d 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				Repo	orting Pe	riod					
				Fron	n:		٦	То:			
					D	ATE			А	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE TOTA	L .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 Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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	
KELLER, MARK FRIENDS OF	From:	3/10/2020 To :	<u>5/18/2020</u>
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 Can	didate		Reportin	g Period				
			From:			To	·	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	-
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
KELLER, MARK FRIENDS OF	From	3/10/2020	То:	<u>5/18/2020</u>	

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
L.A.R.A.			1-10		1 = 1 \		
Mailing Address 16 DEER TRA	IL CIRCLE		3	10	2020	\$	125.00
City LIVERPOOL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17045	LIVERP	OOL ARC S	PONSOR		
To Whom Paid			МО	DAY	YEAR		
PERRY CO LITERACY COUNCIL			1-10				
Mailing Address 133 S. 5TH S	TREET		3	10	2020	\$	525.00
City NEWPORT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17074	RACE F	OR READII	NG SPON	SOR	
To Whom Paid			МО	DAY	YEAR		
ADVANCE PUBLICATIONS			1-10				
Mailing Address P.O. BOX 130			4	4	2020	\$	50.00
City NEW BLOOMFIELD State Zip Code (Plus 4				tion of Exp	enditure		
	PA	17068	FFA/AG	SPONSOR	SHIP		
To Whom Paid			МО	DAY	YEAR		
HOT FROG			1-10	JA.	ILAK		
Mailing Address 118 WEST AL	LEN STREET		4	22	2020	\$	225.00
City MECHANICSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17055	PC FAIF	R SPONSOF	₹		
To Whom Paid			МО	DAY	YEAR		
DOMESTIC VIOLENCE SCP			1-10	JA.	ILAK		
Mailing Address P.O. BOX 103	9		5	4	2020	\$	250.00
City CARLISLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l	
	PA	17013	SPONS	OR			
To Whom Paid			МО	DAY	YEAR		
PC.R.C.			140	JA I	ILAN		
Mailing Address P.O. BOX 303			5	1	2020	\$	180.00
City NEW BLOOMFIELD State Zip Code (Plus 4)			1) Description of Expenditure				
	PA	17068	4 TICKE	ETS ANNUA	AL SPRING	G FLING	
	•		-				

To Whom Paid			мо	DAY	YEAR		
CALEB KOWALEWSKI			110		ILAK		
Mailing Address 105 EAST HIGH STREET			5	18	2020	\$	100.00
City LANDISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17040	POLITICAL SCIENCE AWARD				
To Whom Paid			мо	DAY	YEAR		
KAITLYN SHERIFF			1.0				
Mailing Address 5650 WAGGONERS GAP ROAD			5	18	2020	\$	100.00
City LANDISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17040					
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,555.00