### **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 :	Filer Identification 2004018 Number:						port ed B		CANDI	DATE		СОМ	<b>4ITTEE</b>	<b>√</b>	LOBI	BYIST		
Name of Filing C	Committee	, Candida	ate or Lo	bbyist:		KELI	LER,	, MAR	K FRIENI	OS OF							•	
Street Address:	6441	WAGGO	NERS G	AP RD														
City:	LAND:	ISBURG							State:	PA			Zip Cod	de: 17	7040-0	000		
TYPE OF REPORT	6TH TUES		1.	2ND FRID PRIMARY	FRIDAY PRE- MARY 2. <b>X</b> 30 PR				Y F ARY	POST- 3.			AMENDM REPORT		Yes	No		
(place X to the right of	6TH TUES		4.	2ND FRID ELECTION		E- !	5.	30 DA ELECT		POST- 6.			TERMINA REPORT		Yes	No		<b>\</b>
report type)	ANNUAL	REPORT	7.	Year 202	0			FILING METHOD ( ) CHECK ONE					PAPER	PAPER DISKETTE			TTE	
Name of Office S	- Sought by	Candidat	e:			-			DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
DEDDECENITATI		E CENED	AL ACC	EMDLV					МО	DAY	YE	AR	86	STH	REP	•	50	
REPRESENTATI	IAE IIN I UI	E GENER	AL ASS	CIMDLI					11		3	2020		(SEE IN	STRUCTI	ONS FOR (	CODES	)
Summary of Expenditures		and	МО	DAY	YEAF	2			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures				3 1	0 2	020	Т	0	5	:	18	2020						
A. Amount Bro	ught Forw	ard Fron	ı Last R	eport				\$			41,2	258.33						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																		
C. Total Funds Available (Sum Of Lines A and B)							\$			41,2	258.33							
D. Total Expenditures (From Schedule III)							\$			1,5	55.00							
E. Ending Cash Balance (Subtract Line D From Line C)							\$			39,7	03.33							
F. Value Of In-	Kind Cont	ributions	Receive	ed (From	Schedu	le II	<b>:</b> )	\$				0.00						
G. Unpaid Debt	ts And Obl	igations	(From S	chedule 1	V)			\$				0.00			'			
					AFF	FIDA	١٧٧	T SE	CTION									
PART I - If this is	s a Commi	ttee repo	ort, trea	surer sigr	here.	If thi	is is	a Can	ndidate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached s	chedule	s filed	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ue.
Sworn to and subs	cribed befo day of	re me this		20							S	ignature	of Perso	n Submit	ting Rep	ort		_
		Signatur	·e					- -					Prin	ted Name	•			-
My Commission Ex	xpires	Signatui											Ema	il				-
	1	чо	DA	ΛΥ	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorize	d Comr	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and be	lief this	s polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this										s	ignature o	of Candid	ate			-
	day of ——							_					Printe	d Name				-
	S	ignature						-						-				_
My Commission Exp	oires									Email								
	_	МО	DA	λΥ	YF	R		•		Area	Code		Da	aytime T	elephor	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period							
KELLER, MARK FRIENDS OF	From:	<u>3/10/202</u>	<u>0</u> To:	<u>5/18/2020</u>					
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)	All Other Contributions (Part B)								
TOTAL for the Reporting	(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	j Period	(4)	\$	0.00					
			1						
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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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 Committee or 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.

ame of Filing Committee or Candidate		Reporting Period						
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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 Candida	ame of Filing Committee or Candidate			Reporting Period						
				Froi	n:		То	:		
					D	ATE		AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	i <b>4</b> )						
Employer Name	•	•			Occupa	tion	•	•		
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE TOTAL	
								•	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 Co	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				D	ATE		AN	10UNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (	Plus 4)							
Receipt Description	·	•								
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL		
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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:	3/10/2020 <b>To:</b>	<u>5/18/2020</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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				Reporting Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	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	me of Filing Committee or Candidate				Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								<b>\$</b>	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupa	ation			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	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

N	11.d_ b_		l				
Name of Filing Committee or Cand	lidate		Reporti	ng Period			
KELLER, MARK FRIENDS OF			From	<u>3/10</u>	0/2020	То:	5/18/2020
				DATE			AMOUNT
To Whom Paid L.A.R.A.			мо	DAY	YEAR		
Mailing Address 16 DEER TRAI	L CIRCLE		3	10	2020	\$	125.00
City LIVERPOOL PA Zip Code (Plus 4) 17045				otion of Exp			
To Whom Paid PERRY CO LITERACY COUNCIL				DAY	YEAR		
Mailing Address 133 S. 5TH STREET				10	2020	\$	525.00
City NEWPORT	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17074	Descrip	otion of Exp			
To Whom Paid ADVANCE PUBLICATIONS			мо	DAY	YEAR		
Mailing Address P.O. BOX 130			4	4	2020	\$	50.00
City NEW BLOOMFIELD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17068	Descrip	otion of Exp			
To Whom Paid HOT FROG			МО	DAY	YEAR		
Mailing Address 118 WEST ALL	EN STREET		4	22	2020	\$	225.00
City MECHANICSBURG State PA Zip Code (Plus 4)			Description of Expenditure PC FAIR SPONSOR				
To Whom Paid	·		МО	DAY	YEAR		

DOM	DOMESTIC VIOLENCE SCP					YEAR	
Maili	ng Address P.O. BOX 1039			5	4	2020	\$ 250.00
City	CARLISLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17013	<b>Descrip</b> SPONS	otion of Exp	enditure	

To Whom Paid PC.R.C.			МО	DAY	YEAR		
Mailing Address P.O. BOX 303			5	1	2020	\$	180.00
City NEW BLOOMFIELD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17068	Description of Expenditure 4 TICKETS ANNUAL SPRING FLING				
To Whom Paid CALEB KOWALEWSKI			МО	DAY	YEAR		
Mailing Address 105 EAST HIGH STREET			5	18	2020	\$	100.00
City LANDISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17040	Description of Expenditure POLITICAL SCIENCE AWARD				
To Whom Paid KAITLYN SHERIFF			МО	DAY	YEAR		
Mailing Address 5650 WAGGONERS GAP ROAD			5	18	2020	\$	100.00
City LANDISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17040	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
The stand rotal of Expendi		.po. 1 3070. 1 age, 110111 D	-			\$	1,555.00