### **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 :	on 200	4018			Repo Filed		:	CANDI	NDIDATE COMMITTEE \( \square\) LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist:	  -	KELLE	R, M	1ARI	K FRIEN	DS OF								
Street Address:																	
City:	LANDISBURG	3						State:	PA			Zip Cod	de: 17	7040-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	2.		DA RIMA		POST-	3.		AMENDM REPORT		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION									TERMINATION Yes REPORT?			No		<b>/</b>
report type)	ANNUAL REPOR	7.	<b>Year</b> 2020					IG METH				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	ought by Candid	ate:			-	-		DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
DEDDEGENERATI	\	D.4. 4.00	EMBLY.					МО	DAY	ΥI	AR	86	STH	REP		50	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY				İ	11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)	,
	Receipts and	МО	DAY YI	EAR				МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		10 20	20	)20	то		11	:	23	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			29,0	)22.11						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	chec	lule I	)	\$				0.00	1					
C. Total Funds	Available (Sum C	f Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$				0.00	]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00						
			Д	\FFI	[DAV	IT :	SE	CTION									
PART I - If this is	a Committee re	ort, trea	surer sign hei	re. I	f this	is a	Can	didate r	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attached sched	lules	filed o	n pap	per c	or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge a	and belie	ef , tru	ıe
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ting Rep	ort		_
	Signat	ure										Prin	ted Name	e			_
My Commission Ex	rpires											Ema	il				
	мо	D	AY	YR					Are	ea Cod	le	Daytim	ie Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized Co	mm	ittee,	Can	dida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politic	al co	mmi	ittee has r	ot viola	ted ar	y provis	ions of th	e act of J	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of	5									s	ignature (	of Candid	ate			-
						_						Printe	ed Name				-
My Commission Exp	Signature					_						Ema	il				-
, commission exp						_											_
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numb	er	- [

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period						
KELLER, MARK FRIENDS OF	From:	10/20/20	<u>20</u> То:	11/23/2020			
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	(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 Committee or Candidate			Re	Reporting Period							
				Fr	om:		То	:			
						DATE			AMOUNT		
Full Name of Contribut	ing 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 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)								
								PAGE TOTAL		

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 Candidate	ame of Filing Committee or Candidate		Reporting	Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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	lame of Filing Committee or Candidate				Reporting Period						
F					From:				То:		
					DATE				AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		\$	0.00	
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupation						
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4	)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	<b>AL</b> 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	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 Per	od	
KELLER, MARK FRIENDS OF	From:	<u>10/20/2020</u> <b>To:</b>	11/23/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Ca	Reporting Period							
	Fr					To:		
		DATE		AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>-</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•					
					Г			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.			ailed Summary Page,			PAGE TOTAL		
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period				
				From:			To:			
						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 Place of Business City					e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				tion of Exp	enditure				
Enter Grand Total of Evnanditures on Dago 1. Deport Cover Dago Item D							PAGE TOTAL		
Lines Grand Total Of Expenditures C	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00		