### **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 20	04018				port		CANDI	DATE		СОМ	<b>ITTEE</b>	✓	LOBI	BYIST	
Name of Filing C	Committee, Cand	idate or L	.obbyist:		KEL	LER	, MAR	K FRIENI	OS OF							
Street Address:	P O BOX 32	3														
City:	LANDISBUR	.G						State:	PA			Zip Cod	ie: 17	7040		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-			AMENDMENT REPORT?		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPOR	7.	<b>Year</b> 2005					IG METHO				PAPER		<b>V</b>	DISKE	TTE
Name of Office S	Sought by Candid	date:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
	,							МО	DAY	YE	AR	ivamber	Couc			couc
								11		8	2005		(SEE IN	ISTRUCTI	ONS FOR (	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR		R OFFI	CE USE	ONLY	
			1 1		1	ı	0	3	:	28	2005					
A. Amount Bro	ught Forward Fr	om Last F	Report				\$			10,4	147.72					
B. Total Monet	ary Contribution	s And Re	ceipts (Fron	n Sche	dule	<b>I</b> )	\$			3	300.00					
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$			10,7	747.72					
D. Total Expen	ditures (From Se	chedule I	II)				\$			1,6	52.32					
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$			9,0	95.40					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	[)	\$				0.00					
G. Unpaid Debt	s And Obligation	ns (From	Schedule IV	<b>/</b> )			\$				0.00			•		
				AFF	IDA	٩VI	T SE	CTION								
PART I - If this is		-	_						-							
I swear (or affirm) correct and comple		ncluding th	e attached sc	hedule	s file	d on	paper (	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me t day of	his	20							s	ignature	of Perso	n Submit	ting Rep	oort	
							- -					Prin	ted Name	e		
My Commission Ex	Signa opires	ture										Ema	il			
•	мо	D	PAY	YR			_		Are	ea Cod	le		e Telepi	none Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		f my know	ledge and beli	ief this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me th	is									S	ignature o	of Candid	ate		
	day of ————————————————————————————————————						_					D	d Name			
	Signatur	е					-					Printe	d Name			
My Commission Exp	_	-										Ema	il			
	МО	C	PAY	YR	ł		-		Area	Code		Da	aytime T	elephor	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
KELLER, MARK FRIENDS OF	From:	To:	3/28/2005
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)		\$	0.00
TOTAL for the Reporting	g Period (2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			
Contributions Received From Political Committees (Part C)		\$	300.00
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting	g Period (3)	\$	300.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	300.00

#### **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 o	r Candidate		Rep Fro	oorting P	eriod	To	o:	
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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		
KELLER, MARK FRIENDS OF	From:	То:	<u>3/28/2005</u>

**AMOUNT** DATE **Full Name of Contributing Committee** мо DAY YEAR PABAR-PAC **Mailing Address** 100 SOUTH STREET/ P.O. BOX 186 300.00 11 30 2004 Zip Code (Plus 4) State City HARRISBURG PΑ 17108

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

**PAGE TOTAL \$** 300.00

### 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			Rep	orting Pe	riod			
			Fror	n:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	PAGE 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	andidate		Report	ting Perio	bd			
			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 Period		
KELLER, MARK FRIENDS OF	From:	To:	<u>3/28/2005</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 Candid	ate		Reporting	g 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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	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	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reportir	ng Period			
KELLER, MARK FRIENDS OF			From	-		То:	3/28/2005
				DATE			AMOUNT
To Whom Paid HRCC 2006 INC.			мо	DAY	YEAR		
TINCE 2000 INC.							
Mailing Address P.O. BOX 11	787		1	10	2005	\$	500.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I	
	PA	17108	FUNDR	AISER			
<b>To Whom Paid</b> PERRY PRINTING			мо	DAY	YEAR		
Mailing Address P.O. BOX 85			1	18	2005	\$	139.92
City NEW BLOOMFIELD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17068	NEW B	LOOMFIEL	DLIONS	CLUB PLA	Y TICKETS
To Whom Paid PERRY COUNTY FAIR ASSOCIAT	ION		мо	DAY	YEAR		
Mailing Address RR #2 BOX 1	197		2	12	2005	\$	100.00
City MILLERSTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17062	AD FOR	R PERRY CO	OUNTY FA	AIR BOOK	
<b>To Whom Paid</b> POST MASTER			МО	DAY	YEAR		
Mailing Address US POSTAL S	SERVICE		2	12	2005	\$	7.40
City LANDISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u>I</u>	
	PA	17040	POSTA	GE STAMP	5		
To Whom Paid FRANKLIN CO REP COMM	•	•	МО	DAY	YEAR		
Mailing Address 293 SOUTH	GATE MALL		2	18	2005	\$	500.00
City CHAMBERSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	17201	1 TABL	E LINCOLN	I DAY DIN	NNER	

						PAG	GE 12
To Whom Paid HRCC 2006 INC.			мо	DAY	YEAR		
Mailing Address P.O. BOX 11	787		3	12	2005	\$	200.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Descrip</b> RECEPT	otion of Exp	penditure		
<b>To Whom Paid</b> PATH VALLEY PICNIC/KAREN RO	DTZ		МО	DAY	YEAR		
Mailing Address P.O. BOX 51			3	14	2005	\$	35.00
City DRY RUN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17220		otion of Exp		NIC AD BO	OK
To Whom Paid NEWPORT HIGH SCHOOL MUSIO	CAL		МО	DAY	YEAR		
Mailing Address RD #3			3	24	2005	\$	20.00
City NEWPORT	State PA	<b>Zip Code (Plus 4)</b> 17074		otion of Exp		MUSICAL E	зоок
To Whom Paid LANDISBURG LOYSVILLE YOUTH	H SOFTBALL ASSOC.	·	мо	DAY	YEAR		
Mailing Address 117 BELLS H	IILL ROAD		3	26	2005	\$	50.00
City LANDISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17040		otion of Exp OR BASKE		INDRAISER	
To Whom Paid PERRY COUNTY SPORTSMEN FO	R YOUTH	·	мо	DAY	YEAR		
Mailing Address 781 MONTOU	JR ROAD		3	26	2005	\$	100.00
City LOYSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17047	<b>Descrip</b> AD	otion of Exp	penditure		
Enter Grand Total of Expendi	itures on Dage 1 De	nort Cover Page Item D				Р	AGE TOTAL
Enter Grand Total of Expendi	itules on raye 1, Re	port cover Page, Item D	•			\$	1,652.32