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	00401	18				Repo Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Can	didat	e or Lo	bbyist:	:	F	riend	s of M	1ark	Keller	•	_							
Street Address:	Р О ВОХ 3	23																	
City:	LANDISBU	RG							St	tate:	PA			Zip Cod	ie: 17	040			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1		2ND FR PRIMAR		PRE-	2.		DAY MAR		POST-	- 3.		AMENDMENT REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4		2ND FR ELECTION		PRE-	5.	30 ELE	DAY CTIC		POST-	6.		TERMINA REPORT?		Yes	N	O	√
report type)	ANNUAL REPO	PRT 7		Year 20	005					METH				PAPER		√	DISK	ETTE	
Name of Office S	ought by Cand	idate	:						D	ATE C	F ELE	СТІ	ON	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VE IN THE GEI	NERA	L ASSE	EMBLY					М	0	DAY	,	YEAR		STH	REF	•	50	
					_					11		8	2005		<u> </u>		ONS FOR)
Summary of Expenditures		'	МО	DAY	1	YEAR	1 .	то	М	10	DAY		YEAR		R OFFIC	E USE	ONLY		
A Amount Broa	A. Amount Brought Forward From Last Report						1		<u> </u>	10		24	2005 1,117.30						
B. Total Moneta				-	rom	Sched	ule I)		" \$			17	0.00	1					
C. Total Funds	Available (Sum	n Of Li	ines A	and B)				+	<u></u> \$			14	l,117.30						
D. Total Expend	ditures (From S	Sched	ule III	:)				_	\$				50.00	1					
E. Ending Cash	Balance (Subt	ract L	ine D l	From Li	ine C)			\$			14	,067.30]					
F. Value Of In-	Kind Contributi	ions R	Receive	ed (Fro	m Scl	hedule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	ons (F	From S	chedul	e IV)				\$				0.00						
						AFFI	DAV	IT S	EC	TION									
PART I - If this is	a Committee	repor	t, treas	surer si	ign h	ere. If	this	is a C	andi	idate r	eport,	cano	didate sig	gn here.					
I swear (or affirm) correct and comple		includ	ling the	attache	d sche	edules	filed o	n pape	er or	by elect	ronic m	nediu	ım, are to t	the best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me day of	this		20									Signature	e of Perso	n Submitt	ing Re _l	oort		_
	Sign	nature		_				_						Prin	ted Name				_
My Commission Ex	pires							_						Ema	il				
	мо		DA	Y		YR					Aı	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	andid	late's a	authori	zed C	Commi	ittee,	Candi	idate	e shall	sign h	ere.	1						
I swear (or affirm) No 320) as amende		of my	knowle	dge and	belie	f this p	oolitica	l com	mitte	ee has r	ot viola	ated a	any provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		this											S	ignature o	of Candida	ite			-
	day of							_						Printe	d Name				-
My Commission Eye	Signatu	ıre						_						Ema	il				-
My Commission Exp	<u></u>							_											_
	МО		DA	Υ		YR					Area	Cod	е	Da	aytime Te	elephor	ne Numi	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Friends of Mark Keller	From:	То:	10/24/2005
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	g 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	g 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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 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 m:	eriod	To):	
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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 Candi	date		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 Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, 2000		22300				\$	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		
Friends of Mark Keller	From:	To:	10/24/2005
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

50.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reportir	ng Period			
Friends of Mark Keller			From			То:	10/24/2005
		•		DATE			AMOUNT
To Whom Paid Good Shepard Lutheran/SYG			мо	DAY	YEAR		
Mailing Address 3700 Ruthe	rford Street		10	6	2005	\$	50.00
City Harrisburg	State PA	Zip Code (Plus 4) 17111	1 .	tion of Exp for bingo f			o.
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D) <u>.</u>				PAGE TOTAL