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				Rep File			CA	NDII	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	.obbyi	ist:	·	Frien	ıds	of Ma	ırk Ke	ller					·				
Street Address:																			
City:	LANDISBUR	G							State	e:	PA			Zip Cod	le: 17	040			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDA` 1ARY	Y PRE-	2		30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDA'	Y PRE-	- 5		30 DA		Р	OST-	6. X	(TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPOR	T 7.	Yea	r 2005					NG ME			•		PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:				•			DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VE IN THE GENI	ΕΡΔΙ ΔΟ	SEMBI	ΙΥ					МО		DAY	Y	/EAR		STH	REF)	50	
KEI KESENIIKII	VE IIV IIIE GENI	-1012 7100	JEI 101							11		8	2005		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	D	AY	YEAR				МО		DAY	Y	/EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	Trom:		1	1		1	Т	0		11	:	28	2005						
A. Amount Bro	ught Forward Fr	om Last F	Report	t				\$				14	,067.30						
B. Total Moneta	ary Contribution	s And Rec	ceipts	(From	Sched	dule	I)	\$					0.00						
C. Total Funds	Available (Sum (Of Lines A	A and	В)				\$				14	,067.30						
D. Total Expend	ditures (From Sc	hedule I	II)					\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From	Line (C)			\$				14,	067.30						
F. Value Of In-	Kind Contributio	ns Receiv	ed (F	rom So	chedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Sched	lule IV)			\$					0.00		,				
					AFF:	IDA	VI	T SE	CTIO	NC									
PART I - If this is				_									_						
I swear (or affirm) correct and comple		cluding th	e attac	ched sch	nedules	filed	on	paper	or by e	electr	onic m	ediur	m, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me the day of	nis	20							,			Signature	of Perso	n Submitt	ing Re _l	ort		_
	Signa	ture	_					- -						Prin	ted Name				_
My Commission Ex	_									•				Emai	il				-
	МО	D	AY		YR			_			Are	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	auth	orized	Comm	ittee	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		my know	ledge a	and beli	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc		s											s	ignature o	of Candida	ite			-
	day of ————————————————————————————————————		_ 20 _					-						Printe	d Name				-
	Signatur	•						-							-				_
My Commission Exp	ires													Ema	iI				
	мо	C	PAY		YR			-			Area	Code	•	Da	aytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Friends of Mark Keller	From:	To:	11/28/2005
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	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	nd enter amount ge, Item B.)	\$	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 Commit	tee or Candidate	e or Candidate Reporting Period							
				Fr	om:		То	:	
			•			DATE			AMOUNT
Full Name of Contributin	g 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.

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.

Name of Filing Comm	nittee or Candidate	Re	eporting F	Period			
		Fr	rom:		To) :	
				DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
			I		Ĭ	I	
City	State	Zip Code (Plus 4)					
City	State	Zip Code (Plus 4)					PAGE TOTAL

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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detailed	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	Name of Filing Committee or Candidate				riod			
			Fro	m:		To) :	
				D	ATE		AI	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 Period		
Friends of Mark Keller	From:	To:	11/28/2005
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 Cand	lame of Filing Committee or Candidate					Reporting Period				
	From:			То:						
				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 on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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				Re	Reporting Period						
				Fro	m:		To:				
						DATE			AMOUN	т	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								1	\$	0.00	
City	State		Zip Code(Plus 4)								
Employer of Contributor					Occup	oation					
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion	
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			MO DAY YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00