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	NDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	.obbyi	st:	<u> </u>	Frier	nds	of Ma	ark Ke	eller					·				
Street Address:	P O BOX 323	3																	
City:	LANDISBUR	G							State	e:	PA			Zip Cod	le: 17	040			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND PRIM		Y PRE-	. 2	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	j.	30 DA		Р	OST-	6. >	(TERMINA REPORT?		Yes	N	O	\
report type)	ANNUAL REPOR	T 7.	Year	2005					NG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:							DAT	ΈO	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VE IN THE GENE	ERAL ASS	SEMBL	.Y					МО		DAY	Y	/EAR		STH	REF	•	50	
										11		8	2005		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		МО	DA		YEAR		_	0	МО		DAY		/EAR	FO	R OFFIC	E USE	ONLY		
-		I act [1	. 1		1	•			11	•	28	2005						
	ught Forward Fro 		-		Sched	dule	I)	\$ \$				14,	0.00						
C. Total Funds	Available (Sum (Of Lines A	A and I	В)				\$				14	,067.30						
D. Total Expend	ditures (From Sc	hedule I	[]					\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From	Line (C)			\$				14,	067.30						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fi	rom So	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Sched	ule IV)			\$					0.00		,				
					AFF:	IDA	VI	T SE	CTI	NC									
PART I - If this is	a Committee re	port, trea	asurer	sign l	nere. I	f thi	s is	a Car	ndida	te re	port, o	cand	lidate sig	ın here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding th	e attac	hed sch	nedules	filed	on	paper	or by e	electi	ronic 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 th day of	nis	20										Signature	of Perso	n Submitt	ing Re _l	oort		_
	Signat	ture	_					- -						Prin	ted Name				-
My Commission Ex	pires									•				Ema	il				-
	мо	D	AY		YR						Ar	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	autho	orized	Comm	itte	e, C	andid	ate sl	hall	sign h	ere.							
I swear (or affirm) No 320) as amende		my know	ledge a	nd beli	ef this	politi	ical	comm	ittee h	ias n	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		s											s	ignature o	of Candida	ite			-
	day of		_ 20 					-						Printe	d Name				-
	Signature							-						Ema	il				_
My Commission Exp	ires 							_						Еша					_
	МО		PAY		YR						Area	Code	•	Da	ytime 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:	То:	11/28/2005
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)		\$	0.00
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting	g 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 ar 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 val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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 Filling Committee of 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.

Name of Filing Committee or Candidate Rep				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	Reporting Period								
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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	lame of Filing Committee or Candidate				Reporting Period					
			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 o	on Schedule I. Detailed	l Summary Page	Section	4			P/	AGE TOTAL		
- Country of Furt 2	Juliana 1/ Butanet	. January rage,		••			\$	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 Candidat	ame of Filing Committee or Candidate Re										
	Fre					From: To:					
				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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
-							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00