### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :                               | on                     | 20040        | 018  |                  |       |          | Repo<br>Filed |             | ١          | CAN    | DII   | DATE     |        | СОМ                    | MITTEE               | <b>✓</b>       | LOB                 | BYIST  |           |          |
|--|------------------------|--------------|--|------------------|-------|----------|---------------|-------------|------------|--------|-------|----------|--------|------------------------|----------------------|----------------|---------------------|--------|-----------|----------|
| Name of Filing C   | committee              | Candida      | ite or Lo                                    | bbyist           | :     | F        | riend         | s of N      | 1arl       | k Kell | er    |          |        |                        |                      |                |                     |        |           |          |
| Street Address:  | РОВ                    | OX 323       |  |                  |       |          |               |             |            |        |       |          |        |                        |                      |                |                     |        |           |          |
| City:  | LAND]                  | SBURG        |  |                  |       |          |               |             | S          | State: |       | PA       |        |                        | Zip Cod              | le: 17         | 040                 |        |           |          |
| TYPE OF<br>REPORT  | 6TH TUESI<br>PRE-PRIMA |              | 1.   | 2ND FR<br>PRIMAR |       | PRE-     | 2.            | 30 I<br>PRI | DAY<br>MAF |        | Р     | OST-     | 3.     |                        | AMENDMENT<br>REPORT? |                | Yes                 | ١      | lo        | <b>\</b> |
| (place X to<br>the right of                                  | 6TH TUESI<br>PRE-ELECT |              | 4.   | 2ND FR<br>ELECTI |       | PRE-     | 5.            | 30 I<br>ELE |            |        | Р     | OST- 6.  |        | TERMINATION<br>REPORT? |                      | Yes            | ١                   | lo     | <b>\</b>  |          |
| report type)   | ANNUAL                 | REPORT       | ORT 7. X Year 2005 FILING METHO ( ) CHECK OF |                  |       |          |               |             |            |        |       | PAPER    |        | <b>√</b>               | DISK                 | ETTE           |                     |        |           |          |
| Name of Office S   | ought by               | Candidat     | e:   |                  |       |          | •             | •           | Ī          | DATE   | OI    | F ELE    | CTI    | ON                     | District<br>Number   | Office<br>Code | Par                 | ty Cod | e Cour    |          |
| REPRESENTATI   | VE IN THE              | GENER        | ΔΙ ΔSS                                       | FMRI Y           |       |          |               |             | МО         |        |       |          | Y      | 'EAR                   |                      | STH            | REF                 | )      | 50        |          |
| NEI NEGENTIALI   |                        | - 02.112.10  | , 12 , 100                                   |                  |       |          |               |             |            |        | 11    |          | 8      | 2005                   |                      | (SEE INS       | TRUCTI              | ONS FO | R CODES   | 5)       |
| Summary of Expenditures                                      |                        | and          | МО   | DAY              |       | YEAR     |               |             | N          | МО     |       | DAY      | Y      | 'EAR                   | FO                   | R OFFIC        | E USE               | ONL    | 1         |          |
| expenditures   | irom:                  |              |  | 1                | 1     |          | 1             | то          |            | :      | 12    | ;        | 31     | 2005                   |                      |                |                     |        |           |          |
| A. Amount Bro  | ught Forw              | ard From     | Last R                                       | eport            |       |          |               |             | \$         |        |       |          | 14,    | ,067.30                |                      |                |                     |        |           |          |
| B. Total Moneta  | ary Contril            | outions A    | and Rec                                      | eipts (F         | rom   | Sched    | lule I        | )           | \$         |        |       |          |        | 0.00                   |                      |                |                     |        |           |          |
| C. Total Funds Available (Sum Of Lines A and B) \$ 14,067.30 |                        |              |  |                  |       |          |               |             |            |        |       |          |        |                        |                      |                |                     |        |           |          |
| D. Total Expenditures (From Schedule III) \$ 0.00            |                        |              |  |                  |       |          |               |             |            |        |       |          |        |                        |                      |                |                     |        |           |          |
| E. Ending Cash Balance (Subtract Line D From Line C)         |                        |              |  |                  |       |          | _             | \$          |            |        |       | 14,      | 067.30 |                        |                      |                |                     |        |           |          |
| F. Value Of In-  | Kind Conti             | ibutions     | Receive                                      | ed (Fro          | m Sc  | hedule   | e II)         |             | \$         |        |       |          |        | 0.00                   |                      |                |                     |        |           |          |
| G. Unpaid Debt   | s And Obl              | igations (   | (From S                                      | chedul           | e IV) | )        |               |             | \$         |        |       |          |        | 0.00                   |                      |                |                     |        |           |          |
|  |                        |              |  |                  |       | AFFI     | DAV           | IT S        | EC         | TIO    | N     |          |        |                        |                      |                |                     |        |           |          |
| PART I - If this is  |                        | -            |  |                  | _     |          |               |             |            |        |       |          |        | _                      |                      |                |                     |        |           |          |
| I swear (or affirm)<br>correct and comple                    |                        | eport, inclu | uding the                                    | attache          | d sch | edules   | filed o       | n pape      | er or      | by ele | ectr  | onic m   | ediur  | n, are to t            | the best o           | f my knov      | vledge              | and be | lief , tr | ue       |
| Sworn to and subs  | cribed befo            | re me this   |  | 20               |       |          |               |             |            |        | •     |          |        | Signature              | of Perso             | n Submitt      | ing Re <sub>l</sub> | oort   |           |          |
|  |                        | Signatur     | e  |                  |       |          |               | _           |            |        | •     |          |        |                        | Prin                 | ted Name       |                     |        |           | _        |
| My Commission Ex   | cpires                 |              |  |                  |       |          |               |             |            |        | -     |          |        |                        | Ema                  | il             |                     |        |           | -        |
|  | N                      | 10           | D/   | Υ                |       | YR       |               |             |            |        |       | Are      | ea Co  | ode                    | Daytim               | e Teleph       | one Nu              | mber   |           |          |
| Part II- If this is  | a report               | of a cand    | idate's                                      | authori          | zed ( | Commi    | ittee,        | Cand        | idat       | te sha | ıll s | sign he  | ere.   |                        |                      |                |                     |        |           |          |
| I swear (or affirm)<br>No 320) as amende                     |                        | best of m    | y knowle                                     | dge and          | belie | f this p | oolitica      | al com      | mit        | tee ha | s no  | 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   |                        | me this      |  |                  |       |          |               |             |            |        |       |          |        | s                      | ignature o           | of Candida     | ite                 |        |           | -        |
|  | day of<br>——           |              |  |                  |       |          |               | _           |            |        |       |          |        |                        | Printe               | d Name         |                     |        |           | -        |
|  | Si                     | gnature      |  |                  |       |          |               | _           |            |        | _     |          |        |                        |                      |                |                     |        |           | _        |
| My Commission Exp  | ires                   |              |  |                  |       |          |               |             |            |        |       |          |        |                        | Ema                  | il             |                     |        |           |          |
|  | _                      | мо           | D/   | λY               |       | YR       |               |             |            |        |       | Area     | Code   | 1                      | 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: | 12/31/2005 |
| 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  | 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 |                  | \$  | 0.00       |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                        | this Part to itemize onl<br>with an aggregate valu | -                 |    |         | -      |      |    |            |
|------------------------|--|-------------------|----|---------|--------|------|----|------------|
| Name of Filing Comm    | nittee or Candidate                                |                   | Re | porting | Period |      |    |            |
|                        |  | From:             |    |         | 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 of Camulate |       |                  |   | oorting P<br>m: | eriod | <b>)</b> : |    |        |
|--------------------------------------|-------|------------------|---|-----------------|-------|------------|----|--------|
|                                      |       |                  |   |                 | 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 | me of Filing Committee or Candidate Repo |          |             | Reporting Period |     |      |    |            |  |  |
|---------------------------------------|--|----------|-------------|------------------|-----|------|----|------------|--|--|
|                                       |  |          | From:       |                  |     | То:  |    |            |  |  |
|                                       |  |          |             | DA               | TE  |      | А  | MOUNT      |  |  |
| Full Name of Contributing Committee   |  |          |             | мо               | DAY | YEAR |    |            |  |  |
| Mailing Address                       |  |          |             |                  |     |      | \$ | 0.00       |  |  |
| City                                  | State                                    | Zip Cod  | e (Plus 4)  |                  |     |      |    |            |  |  |
|                                       |  |          |             |                  |     |      |    | PAGE TOTAL |  |  |
| Enter Grand Total of Part C on Scho   | edule 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.)

| lame of Filing Committee or Candidate      |                      |          |              | Rep     | orting Pe | eriod |      |            |            |  |
|--|----------------------|----------|--------------|---------|-----------|-------|------|------------|------------|--|
|  |                      |          |              | Fron    | m:        |       | To   | To:        |            |  |
|  |                      |          |              |         | D         | ATE   |      | АМ         | IOUNT      |  |
| Full Name of Contributor                   |                      |          |              |         | МО        | DAY   | YEAR |            |            |  |
| Mailing<br>Address                         |                      |          |              |         |           |       |      | \$         | 0.00       |  |
| City                                       | State                | Zi       | p Code (Plus | 4)      |           |       |      |            |            |  |
| Employer Name                              | ·                    | ·        |              |         | Occupa    | tion  |      |            |            |  |
| Employer Mailing Address/Princ<br>Business | ipal Place of        |          | City         |         |           | State |      | Zip Code   | e (Plus 4) |  |
| Enter Grand Total of Part C o              | on Schedule I, Detai | led Sumr | mary Page,   | Section | on 3.     |       |      | P <i>#</i> | 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 Can  | ame or riling committee or candidate |                 |         | ting Perio |     |      |    |            |
|----------------------------------|--------------------------------------|-----------------|---------|------------|-----|------|----|------------|
|                                  |                                      |                 | From:   |            |     | To:  |    |            |
|                                  |                                      |                 |         | D          | ATE |      |    | AMOUNT     |
| Full Name                        |                                      |                 |         | мо         | DAY | YEAR |    | -          |
| Mailing Address                  |                                      |                 |         |            |     |      | \$ | 0.00       |
| City                             | State                                | Zip Code (      | Plus 4) |            |     |      |    |            |
| Receipt Description              |                                      | ·               |         |            |     |      | •  |            |
| Enter Grand Total of Part E on S | Schedule I Detailer                  | d Summary Page  | Section | 4          |     | [    | P  | PAGE TOTAL |
| zne. Grana rotar or r art z on o | renedure 1/ Detaned                  | · Summary rage, | 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 |           |            |
|--|------------------|-----------|------------|
| Friends of Mark Keller   | From:            | To:       | 12/31/2005 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |           |            |
| TOTAL for the Reporting Pe   | eriod (1)        | <b>\$</b> | 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)        | <b>\$</b> | 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                      |                    |                       |             |             |       | <b>\$</b> | 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  | lame of Filing Committee or Candidate |      |            |         | Re    | porting   | Period    |      |       |                    |                |
|--|---------------------------------------|------|------------|---------|-------|-----------|-----------|------|-------|--------------------|----------------|
|  |                                       |      |            |         | From: |           |           | То   | To:   |                    |                |
|  |                                       |      |            |         | •     |           | DATE      |      |       |                    | AMOUNT         |
| Full Name of Contributor   |                                       |      |            |         |       | мо        | DAY       | YEAR | 1     |                    |                |
| Mailing Address  |                                       |      |            |         |       |           |           |      |       | \$                 | 0.00           |
| City   | State                                 |      | Zip Code(F | Plus 4) |       |           |           |      |       |                    |                |
| Employer of Contributor  | •                                     |      |            |         |       | Occupa    | ation     |      |       |                    |                |
| Employer Mailing Address/Principal Pla<br>Business   | ce of                                 | City |            | State   |       | Zip<br>4) | Code(Plus | Desc | cript | ion of             | f Contribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3. |                                       |      |            | etaile  | ed    |           |           |      |       | PAGE TOTAL<br>0.00 |                |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or (  | ame of Filing Committee or Candidate |                   |                            |      |      | Reporting Period |            |  |  |  |
|--|--------------------------------------|-------------------|----------------------------|------|------|------------------|------------|--|--|--|
|  |                                      |                   |                            |      |      | То:              |            |  |  |  |
|  |                                      |                   |                            | DATE |      |                  | AMOUNT     |  |  |  |
| To Whom Paid   |                                      |                   |                            | DAY  | YEAR |                  |            |  |  |  |
| Mailing Address  |                                      |                   |                            |      |      | \$               | 0.00       |  |  |  |
| City   | State                                | Zip Code (Plus 4) | Description of Expenditure |      |      |                  |            |  |  |  |
|  |                                      |                   |                            |      |      |                  | PAGE TOTAL |  |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item |                                      |                   | ).                         |      |      | \$               | 0.00       |  |  |  |