

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Files Identification	[ D		a logistic. It sile		,
Filer Identification Number	Report Filed B ( Mark X)	y Candida	ite	Committee	Lobbyist
Name of Filing Committee, Candidate Lobbyist	or FRIEN	DS TO	FLECT	MIC	HAEL KEYS
Street Address	114 F	AST 4	11 or 5/18	21-1-1	2/1// - /22
City FRIZ		State	PA	Zip Code	16084
Type of Report (Place x under report ty	rpe)		<del></del>		
1-6th Tuesday   2- 2nd Friday   3-30 D	av Post 4- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6-30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday   Special 30 Day
Pre-Primary Pre-Primary Primar		Pre- Election	Election		Pre-Election Post-Election
R S					
Date Of Election	Year	2026	Amendment		Termination
(MM/DD/YYYY) S/	20	2025	Report		Report
Summary of Receipts and From I	Date To Date			For (	Office Use Only
Expenditures 3-7	1125 5-5	-25			
A. Amount Brought Forward From Last				<u> </u>	
B. Total Monetary Contributions and R	locainte 8	<del></del>			<b></b> .
(From Schedule I)	leceibis 33	<i>0</i> 0			V <sub>0</sub> 20
C. Total Funds Available	. 0	_			저는 25
(Sum of Lines A and B)	24				
D. Total Expenditures (From Schedule III)	18	93			
E. Ending Cash Balance	8	, )			e e
(Subtract Line D from Line C)	5 (	97			
F. Value of In-Kind Contributions Recei	ved S	200			
(From Schedule II) G. Unpaid Debts and Obligations	\$ 7	200	-		≘ <b></b>
(From Schedule IV)	14	00			
Part 1- If this is a Committee report, treasure	reign have If this is a Con-	Affidavit Sec			
I swear (or affirm) that this report, including	the attached schedules on	name repost, car	nulgate sign nere. Test of my knowled:	ge and helief tru	e correct and complete
Sworn to and subscribed before me this		, -,	root of my mionious	90 4114 501101 115	o, our out and complete.
day of20_					
			Signature o	of Person Submit	tting report
Signature				Printed Name	
My Commission expires	• •			8.0	
MO. DAY	YR.	Ar	rea Code	Dayt	ime Telephone Number
Part II- If this is a report of a Candidate's Aut	horized Committee, candid	late shall sign he	re.	· · · · · · · · · · · · · · · · · · ·	
I swear (or affirm) that to the best of my kno amended.	wledge and belief this polit	ical committee h	as not violated any	provisions of th	e Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this					

#### 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.

Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$	Amount
Committee   Date [MM/DD/YYYY]   S	
City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  Committee   Date [MM/DD/YYYY]   \$  House #   Street Address   Date [MM/DD/YYYY]   \$	
City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Date [MM/DD/YYYY] \$  Committee Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  House # Street Address Date [MM/DD/YYYY] \$	
Committee  House # Street Address Date [MM/DD/YYYY] \$	
City   State   Zip Code   Date [MM/DD/YYYY] \$	
Dato Intity Date: 111	
Full Name of Contributing Committee  Date [MM/DD/YYYY] \$	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Contributing Date [MM/DD/YYYY]	<u> </u>
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  Date [MM/DD/YYYY] 8	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  Date [MM/DD/YYYY] \$	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	

#### PART B **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$ 50.01 TO \$ 250 in the reporting period. (Exclude contributions from political committees reported in Part A.)

crie demikator womber				
Full Name of Contributor			Date [MM/DD/YYYY]   \$	
KAPT	N MOS	ckt	14/17/2025 11)	D
House # Street Address	100 a 20 . 100 (	15000111	Date [MM/DD/YYYY] 8	<u>v</u>
City	MOUKET-	BADVILLE RID	D-1- IEEE/DD/WWW	
MORTH EAST	PA	HEADVILLE JED Zip Gode 16422	S Date [MM/DD/YYYY] 8	
Full Name of Contributor			Date [MM/DD/YYYY] 8	
10813/5.	IE KEY	<u>15</u>	04/10/2025 10	<u> </u>
House # 17032 Street Address E	DW ARD X	PN	Datt/[MM/DD/YYYY] 8	
Olf	State	Zin Code	Date [MM/DD/YYYY] \$	
BOWLING GREEN	VA	22427	7	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] 8	
Utiggt Fugge				
City	State	Zip Code	Date [MM/DD/YYYY] 8	
			- 1993 Carry Carry Carry Carry Carry	<u></u>
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] 8	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] 8	
		•	Date Imm/poursel	
House # Street Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/YYYY] \$	
				•
City	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributor	[ Post % 1   7 k	[1729 H 2000 B 199]	Date [MM/DD/YYYY] 8	
			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
House # Street Address			Date [MM/DD/YYYY] 8	
City	State	7'n Codo	D-1-18484/DD (00000)	
	grare	Zip Code	Date [MM/DD/YYYY]	

# PART C Contributions Received From Political Committees

Over \$ 250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

		<u> </u>			
Full Name of Contributing Co	ommittee 14	IRRIT	Y FAR CHUNAS	Date [MM/DD/YYYY]	500
House #	Street Address	* WILLY	YFOR COUNC ARP ST	Date [MM/DD/YYYY]	8 800
City Play	LADELPH			134 Date [MM/DD/YYYY]	
Full Name of Contributing Co	NAME OF STREET	<u> </u>	Programme Assessment	Date [MM/DD/YYYY]	\$
House #	Street Address	S	, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	4
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	xmmittee			Date [MM/DD/YYYY]	
House #	Street Address	5	1 10 10 10 10 10 10 10 10 10 10 10 10 10	Date [MM/DD/YYYY]	*
City	- International Control	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co				Date [MM/DD/YYYY]	•
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	*** *** *** *** *** *** *** *** *** **	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co				Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
City		State	- Zip Code	Date [MM/DD/YYYY]	

## All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Co	ntributor	······································		Date [MM/DD/YYYY]
- a ciii yaine di Gu		HAEL K	EYS	
House #	Street Address			Date [MM/DD/YYYY] 8
11	4	EAST		02/27/2025 800 Date [MM/0D/YYYY] 8 04/02/2025 600
City EK	16	State K	A Zip Gode 1650	Date [MM/DD/YYYY] 8
Employer Name		WABT	EC	Occupation SECURITY
Employer Mailir Principal Place o	g Address / of Business	290( Es	1ST LAKE RD	
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8
	J			5.1 5.1 98.0
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	n Addrose /			Description   Section   Section
Principal Place o				
Full Name of Co	ntributor	n e ite meen	**************************************	Date [MM/DD/YYYY] 3
House #	Street Address			Date [MM/DD/YYYY] \$
City	a display a desperient	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name		Selection for the	* 150 And Annual	Occupation
Employer Mailin Principal Place o				
Full Name of Cor	itributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
		Lance Comment		
City		State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name		475-9-29-13-31	participal designation [	Occupation
Employer Mailin Principal Place o				<u> </u>

## PART E

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.

Filer Identification Nur	nber:			
Full Name				
House #	Street Address	····		
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description		<u> </u>		
Full Name				
House #	Street Address			
City	**************************************	State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description		<u> </u>	Assault assault	
Full Name				
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description		D_(Ass + 0.1]	President final	. 1868
Full Name				
House #	Street Address	,		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	12 (2 (1 )		<u>                                      </u>	
Full Name		· · · · · · · · · · · · · · · · · · ·		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	<u> </u>			[A. 2]
Full Name				
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		prance (4	Contell (MC)	<u>  [24-74]                                   </u>

# SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	S	200
2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	OU
All Other Contributions (Part B)	8	200
Total for the reporting period (2)	8	200
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	S	SOD
All Other Contributions (Part D)	\$	140D
Total for the reporting period (3)	\$	1900
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	S	00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	S	2300

#### SCHEDULE II

# PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

			171202 07 100101 10	V. 20.0.	
Filer Identification	n Number:				
Mile in the second seco					
Full Name of Co	<ul><li>・ 技術に基を分 はきえを (学院)</li></ul>			Date [MM/DD/YYYY] \$	
	AD	AM GL	OVER EVANIA AVE	04/01/2025 20 Date [MM/OD/YYYY] 3	<i>70</i>
House #	Street Address	DOUKY	DICANIA ALIK	Dat [MM/OD/YYYY] s	
38	31	TENIVO12	Charrie LIAC	<del>D</del>	
City	31  TE	State 27		SOY Date [MM/DD/YYYY] 3	
Description of C		<u> </u>	7 / / /	50 / <sub>1</sub>	
	Francisco Espainis	9.7			
Full Name of Co	Intributor			Date [MM/DD/YYYY] 8	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] .	
140.52	The state of the s				
Description of C	ontribution:				
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
er e como do A					
House #	Street Address			Date [MM/DD/YYYY] \$	
				\$\int_{\text{\tin}\text{\tett}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\texi}\text{\text{\text{\tex{\texit{\text{\text{\text{\text{\texi}\text{\texi}\text{\texit{\texi}\titt{\texitit}}\\text{\texit{\texi{\texi{\texi{\texi{	
City	,	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ANTHERS AND SECURE	00 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			
	A A MARKET PARTY OF S				
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution	SVERY STATE			w
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
				(A)	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

Description of Contribution

# Statement of Expenditures

		Stat	tement of Expen	ditures
Filer Identificati	on Number:			
To Whom Paid			assl	Date [MM/DD/YYYY] 8 65
House #	Street Address	1115 516	112) <del></del>	Description of Expenditure
54	10	WES118	5/ 5/	
City ESC	Z	State	A Zip $163$	02 CAMPAIGN MATERIAL
To Whom Paid		-1/ //	1 (	Date [MM/DD/YYYY] \$
112	DESAL	NT13 51F	<u>///&gt;</u>	Description of Expenditure
House #	Street Address	WEST 18	8th 5T	Description of Expenditure
City FET	7	State >	2 Zip	02 316NS
To Whom Paid			7 (25.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Date [MM/DD/XYYY] \$   m/p//
	UPS	STURE		05/06/075 4853
House #	Street Address	BUFFALO .	en	Description of Expenditure
City (100	00000000	State DA	7 Zin	D PRINTED CARDS
To Whom Paid	BOLCREEK	2 10/1	Code /65/	Date [MM/DD/YYYY]   8
IV WHOM I the	NORT	HWZCT S	AVING BANK	
House #	Street Address	WIST	26 <sup>H</sup> 51	Description of Expenditure
City		State D	1 = 000 cm 1	MI COLL
ER		116	Code 165	
To Whom Paid				Date [MM/DD/YYYY] 8
House #	Street Address		<del> </del>	Description of Expenditure
City		State	Zip	
	·····		Code	
To Whom Paid				Date [MM/DD/YYYY] &
House #	Street Address			Description of Expenditure
City			7180	
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	S.		Description of Expenditure
Kerio (15) Kerio di Casa				
City		State	Zip Code	

To Whom Paid

Street Address

State

Zip Code

House #

City

Date [MM/DD/YYYY] \$

Description of Expenditure

# SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

House #   Street Address   DATE DEST INCURRED   State   DATE DEST INCURRED   Street Address	Name of Creditor	MICHAEL VIV		Outstanding Balance of Debt
The control of Debt   Code	图形《经验观试》的自己首的 10%	Ctroot Address	DATE DEBT INCURRED	
Description of Debt   DOWN TO COMMITTEE   Double   Down TO COMMITTEE   Dubt TO COMMI		111t	[MM/DD/YYYY]	
Description of Debt   Down TO COMMTHEE	(表)公司(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(	PAS (7151		***
Description of Debt   DOWN TO COMMTHEE	City	ERIE PA State	YA Zip 1650	800
Name of Greditor    Name of Greditor   MICHAEL XEYS   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   State   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   Stre	Description of Del	1		A CONTRACTOR OF THE CONTRACTOR
House #   Street Address   DATE DEBT INCURRED [MM/DD/YYYY]   State   PA   Zip   Code   DESCRIPTION of Debt    LOAN TO COMMITTEE  Name of Creditor   Street Address   DATE DEBT INCURRED [MM/DD/YYYY]   State   Zip   Code    City   State   Zip   Code    Description of Debt   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   State   Zip   Code    City   State   Zip   Code   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   State   Zip   Code    City   State   Zip   Code   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   State   Zip   Code    City   State   Zip   Code   DATE DEBT INCURRED   Street Address   DATE DEBT INCURRED   State   Zip   Code    City   State   Zip   Code   DATE DEBT INCURRED   State   Zip   Code   DATE DEBT INCURRED		to the second se		
City  Description of Debt  LOAN TO COMMSTHEE  Name of Creditor  Street Address  City  Description of Debt  Street Address  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  Date DEBT INCURRED [MM/DD/YYYY]  State  City  State  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  Description of Debt  Name of Creditor  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  Description of Debt  Name of Greditor  DATE DEBT INCURRED [MM/DD/YYYY]  City  State  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  Description of Debt  Name of Greditor  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  State  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  State  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  State  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  City  City  City  State  DATE DEBT INCURRED [MM/DD/YYYY]  State  City  Ci				· · · · · · · · · · · · · · · · · · ·
City		The Art of the Art War Art of the		
Description of Debt    Comparison   Comparis	\$P\$100000000000000000000000000000000000			
Name of Creditor   Street Address   DATE DEBT INCURRED [MM/DD/YYYY]   State   Zin   Code	City	FP15 State	PA Code 1650	600
Name of Creditor    Street Address   DATE DEBT INCURRED [MM/D/YYYY]   \$	Description of Del			
Date Debt   Street Address   Date Debt   State   Zip   Code		LOAN TO COMMITTE		
City   State   Zip   Code	Name of Creditor			Outstanding Balance of Debt
City State Zip Code  Name of Creditor Outstanding Balance of Debt  House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]  City State Zip Code  Description of Debt  Name of Creditor Outstanding Balance of Debt  House # Street Address DATE DEBT INCURRED & [MM/DD/YYYY]  City State Zip Code  Description of Debt  Name of Creditor Outstanding Balance of Debt  House # Street Address DATE DEBT INCURRED & [MM/DD/YYYY]  Description of Debt  Name of Creditor Outstanding Balance of Debt  State Zip Code  Date DEBT INCURRED & [MM/DD/YYYY]  Street Address DATE DEBT INCURRED & [MM/DD/YYYY]  City State Zip Code	House #	Street Address		8
Description of Debt  Name of Creditor  House # Street Address DATE DEBT INCURRED (MM/DD/YYYY)  City State Zip Code  Description of Debt  Name of Creditor  House # Street Address DATE DEBT INCURRED (MM/DD/YYYY)  City State Zip Code  City State Zip Code  Description of Debt  Name of Creditor  Description of Debt  Name of Creditor  City State Zip Code  DATE DEBT INCURRED (MM/DD/YYYY)  Description of Debt  Name of Creditor  City State Zip (MM/DD/YYYY)  City State Zip (MM/DD/YYYY)  City State Zip (MM/DD/YYYY)  City State Zip (MM/DD/YYYY)			[MM/QU/TTTT]	
Description of Debt  Name of Creditor  House # Street Address DATE DEBT INCURRED (MM/DD/YYYY)  City State Zip Code  Description of Debt  Name of Creditor  House # Street Address DATE DEBT INCURRED (MM/DD/YYYY)  City State Zip Code  City State Zip Code  Description of Debt  Name of Creditor  Description of Debt  Name of Creditor  City State Zip Code  DATE DEBT INCURRED (MM/DD/YYYY)  Description of Debt  Name of Creditor  City State Zip (MM/DD/YYYY)  City State Zip (MM/DD/YYYY)  City State Zip (MM/DD/YYYY)  City State Zip (MM/DD/YYYY)	City	State	Zip	
Name of Creditor  House # Street Address   DATE DEBT INCURRED [MM/DD/YYYY]   State   Zip   City   State   Zip   Code   Code    Name of Creditor   DATE DEBT INCURRED   [MM/DD/YYYY]   State   Zip   City   State   Zip   Code    City   State   Zip   Code    Name of Creditor   Date DEBT INCURRED   [MM/DD/YYYY]   State   Zip   Code    Name of Creditor   DATE DEBT INCURRED   [MM/DD/YYYY]   State   Zip   [MM/DD/YYYY]   State   Zip   City   State   Zip   Code   Code    City   State   Zip   Code   Code   City   State   Zip   Code   Code   City   State   Zip   Code   Code   City   State   Zip   Code   Code   City   State   Zip   Code   Code   City   State   Zip   Code   Code   City   Code   Code   City   Code   Code   City   Code   Code   City   Code   City   City   Code   City   City   City   Code   City				- 15 9655 9667
House # Street Address   DATE DEBT INCURRED [MM/DD/YYYY]   \$    City   State   Zip   Code    Name of Creditor   Outstanding Balance of Debt    City   State   Zip   Code    City   State   Zip   Code    Description of Debt    Name of Creditor   Outstanding Balance of Debt    Street Address   DATE DEBT INCURRED   Code    City   State   Zip   Code    City   State   Zip   Code    City   State   Zip   Code    City   Code   Code	Description of Det			
State   Zip   Code	Name of Creditor			Outstanding Balance of Debt
City State Zip Code  Name of Creditor Outstanding Balance of Debt  House # Street Address DATE DEBT INCURRED [MM/DD/YYY]  City State Zip Code  Description of Debt  Name of Creditor Outstanding Balance of Debt  House # Street Address DATE DEBT INCURRED [MM/DD/YYY]  Gity State Zip Code  Code  City Code  City Code  Code	House #	Street Address	<ul> <li>Profit and Contract Theory (RESPANDED BY SECTION CONTRACTOR)</li> </ul>	
Code			[MM/DD/TTTT]	
Name of Creditor   Outstanding Balance of Debt	City	State	Zip	
Name of Creditor  House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]  City State Zip Code  Description of Debt  Name of Creditor Outstanding Balance of Debt  House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]  State Zip [MM/DD/YYYY]  Gity State Zip Code		British and Control of the Control o		
House # Street Address   DATE DEBT INCURRED [MM/DD/YYYY]   State   Zip Code    Description of Debt   Outstanding Balance of Debt    House # Street Address   DATE DEBT INCURRED [MM/DD/YYYY]   State   Zip Code    City   State   Zip Code   City   Code    City   State   Zip Code   City   Code    City   Cit	Description of Dec		Code	
City State Zip Code  Description of Debt  Name of Creditor Outstanding Balance of Debt  House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]  City State Zip Code	Description of Deb		Code	[[98]
City State Zip Code  Description of Debt  Name of Creditor Outstanding Balance of Debt  House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]  City State Zip Code	Description of Deb	<b>i</b>	Code	Outstanding Balance of Debt
Description of Debt  Name of Creditor  House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]  City State Zip Code	Name of Creditor		DATE DEBT INCURRED	
Description of Debt  Name of Creditor  House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]  City State Zip Code	Name of Creditor		DATE DEBT INCURRED	
Name of Creditor  House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]  City State Zip Code	Name of Creditor	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
House # Street Address   DATE DEST INCURRED   S   [MM/DD/YYYY]   State   Zip   Code	Name of Creditor House #	Street Address State	DATE DEBT INCURRED [MM/DD/YYYY] Zip	
House # Street Address   DATE DEST INCURRED   S   [MM/DD/YYYY]   State   Zip   Code	Name of Creditor House #	Street Address State	DATE DEBT INCURRED [MM/DD/YYYY] Zip	
City State Zip Code	Name of Creditor House #	Street Address State	DATE DEBT INCURRED [MM/DD/YYYY] Zip	
Code	Name of Creditor House # City Description of Deb	Street Address   State	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code	Outstanding Balance of Debt
Code	Name of Creditor House #	Street Address   State	DATE DEBT INCURRED [IMM/DD/YYYY]  Zip Code  DATE DEBT INCURRED	Outstanding Balance of Debt
	Name of Creditor House #  City  Description of Deb  Name of Creditor House #	Street Address  State  Street Address	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
	Name of Creditor House # City Description of Deb	Street Address  State  Street Address	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

### Unsworn Declaration in Lieu of Sworn Statement for Independent Expenditure Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Independent Expenditure Reports.** This form must be signed by hand where a signature is required.

Name of Perso	n Filing Repor					
Name of Orgar	nization (if app	licable)				
Reporting Cycl	e Name			<u>.</u>	I	
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle	4	☐ Cycle 5	
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Tuesday		2 <sup>nd</sup> Friday	
Pre-Primary	Pre-Primary	Post Primary	Pre-Election	on	Pre-Election	
ŀ	·					
☐ Cycle 6	☐ Cycle 7	☐ Cycle	8		Cycle 9	
0 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-S			O Day Post-Special Election	
		y under the law dent Expenditur			ealth of Pennsylvar ad correct.	
V V V V V V V V V V V V V V V V V V V						
S 1	ignature of File	r	Da	ate (M	M/DD/YYYY)	
ypnana	Milsap	***************************************	En	<u>e</u> :	PA	
<b>V</b> '	Printed Name		Locat	ion (C	ity/State/Country)	



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Name of Person Filing Report						
MICHAEL KEYS						
Name of Organization (if applicable)						
FRIENDS TO ELECT MICHAEL KEYS						
Reporting Cyc	le Name					
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle	4	☐ Cycle 5	
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Tuesda	y.	2 <sup>nd</sup> Friday	
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election	
☐ Cycle 6	☐ Cycle 6 ☐ Cycle 7 ☐ Cycle 8		8	☐ Cycle 9		
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-S	pecial Election	30 Day Post-Special Election		
I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Independent Expenditure Report is true and correct.						
Maple	Mahel 1941 5/12/2025					
	Signature of File	g	,	Date (MM/DD/YYYY)		
MICHAE	LIET		_ERI	160	A ERIE	
	Printed Name		Locati	ion (C	ity/State/Country)	