



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)		Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	FRIENDS TO ELECT MICHAEL KEYS								
Street Address	114 EAST 41ST STREET								
City	ERIE			State	PA		Zip Code	16504	

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	5/20		Year	2025		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	3-11-25	5-5-25	
A. Amount Brought Forward From Last Report	\$	100	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">2025 MAY 14 AM 9:31 ERIE COUNTY VOTER REGISTRATION</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2300	
C. Total Funds Available (Sum of Lines A and B)	\$	2400	
D. Total Expenditures (From Schedule III)	\$	1893	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	507	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	200	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1400	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

day of _____ 20____

Signature

Signature of Person Submitting report

Printed Name

My Commission expires _____

MO. DAY YR.

Area Code

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

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.

Filer Identification Number	
-----------------------------	--

										Amount	
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 Committee						Date [MM/DD/YYYY]		\$			
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]	\$
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 Committee						Date [MM/DD/YYYY]		\$			
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.)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
KAREN MOSKI					04/07/2025		\$	100
House #	Street Address		Date [MM/DD/YYYY]		\$			
480	MOOREHEADVILLE RD				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
NORTHEAST	PA	16428			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
DEBBIE KEYS					04/10/2025		\$	100
House #	Street Address		Date [MM/DD/YYYY]		\$			
17032	EDWARD RD				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
BOWLING GREEN	VA	22427			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			

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 over \$ 250.00 in the reporting period.

Filer Identification Number:	
------------------------------	--

Full Name of Contributing Committee		HARRITY FOR COUNCIL			Date [MM/DD/YYYY]	\$	500
House #	222	Street Address		WILLARD ST	Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code	19134	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]	\$
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 Committee					Date [MM/DD/YYYY]	\$	
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]	\$
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 Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D
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 Contributor				MICHAEL KEYS		Date [MM/DD/YYYY]	\$	800
House #	114	Street Address	EAST 41ST		Date [MM/DD/YYYY]	\$	600	
City	ERIE	State	PA	Zip Code	16504	Date [MM/DD/YYYY]	\$	
Employer Name				WABTEC		Occupation	SECURITY	
Employer Mailing Address / Principal Place of Business				2901 EAST LAKE RD				
Full Name of Contributor				J		Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

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 Number:	
------------------------------	--

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

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)	\$	200
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	00
All Other Contributions (Part B)		\$	200
Total for the reporting period	(2)	\$	200
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	500
All Other Contributions (Part D)		\$	1400
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)	\$	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)		\$	2300

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

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$		
ADAM GLOVER					04/01/2025				
House #	3831		Street Address		PENNSYLVANIA AVE		Date [MM/DD/YYYY]	\$	200
City		ERIE		State	PA		Date [MM/DD/YYYY]		
		Zip Code	16504						
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #			Street Address				Date [MM/DD/YYYY]	\$	
City				State			Date [MM/DD/YYYY]		
		Zip Code							
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #			Street Address				Date [MM/DD/YYYY]	\$	
City				State			Date [MM/DD/YYYY]		
		Zip Code							
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #			Street Address				Date [MM/DD/YYYY]	\$	
City				State			Date [MM/DD/YYYY]		
		Zip Code							
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #			Street Address				Date [MM/DD/YYYY]	\$	
City				State			Date [MM/DD/YYYY]		
		Zip Code							
Description of Contribution									

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

To Whom Paid		Date [MM/DD/YYYY]		\$
DESANTIS SIGNS		02/27/2025		683
House #	Street Address	Description of Expenditure		
540	WEST 18 th ST			
City	State	Zip Code		
ERIE	PA	16502	CAMPAIGN MATERIAL	

To Whom Paid		Date [MM/DD/YYYY]		\$
DESANTIS SIGNS		04/18/2025		1085
House #	Street Address	Description of Expenditure		
540	WEST 18 th ST			
City	State	Zip Code		
ERIE	PA	16502	SIGNS	

To Whom Paid		Date [MM/DD/YYYY]		\$
UPS STORE		05/06/2025		1085 53
House #	Street Address	Description of Expenditure		
4472	BUFFALO RD			
City	State	Zip Code		
HARBORCREEK	PA	16510	PRINTED CARDS	

To Whom Paid		Date [MM/DD/YYYY]		\$
NORTHWEST SAVING BANK		05/02/2025		70
House #	Street Address	Description of Expenditure		
603	WEST 26 th ST			
City	State	Zip Code		
ERIE	PA	16504	FEES	

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

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:	
------------------------------	--

Name of Creditor						MICHAEL KEYS		Outstanding Balance of Debt		
House #	114	Street Address	EAST 41ST		DATE DEBT INCURRED [MM/DD/YYYY]		03/27/2025		\$	800
City	ERIE PA		State	PA	Zip Code	16504				
Description of Debt										
LOAN TO COMMITTEE										

Name of Creditor						MICHAEL KEYS		Outstanding Balance of Debt		
House #	114	Street Address	EAST 41ST		DATE DEBT INCURRED [MM/DD/YYYY]				\$	600
City	ERIE		State	PA	Zip Code	16504				
Description of Debt										
LOAN TO COMMITTEE										

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]				\$	
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										



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 Person Filing Report				
Name of Organization (if applicable)				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 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.



Signature of Filer

Cypriana Milsap

Printed Name

5/12/25

Date (MM/DD/YYYY)

Erie PA

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

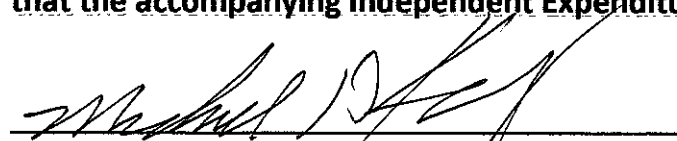
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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 Person Filing Report				
MICHAEL KEYS				
Name of Organization (if applicable)				
FRIENDS TO ELECT MICHAEL KEYS				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 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.


Signature of Filer

5/12/2023
Date (MM/DD/YYYY)

MICHAEL KEYS
Printed Name

ERIE PA ERIE
Location (City/State/Country)