

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 checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		MICHAEL KEYS		
Street Address		114 EAST 41ST STREET		
City	State	Zip Code		
ERIE	PA	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 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)		Year	Amendment Report		Termination Report			
5-20		2025	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	8-11-2025	5-5-25	
A. Amount Brought Forward From Last Report	\$	0	<p style="text-align: center;">2025 MAY 14 AM 9:41</p> <p style="text-align: center;">ERIE COUNTY</p> <p style="text-align: center;">VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	1400	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate's** report, candidate sign here.
 I swear (or affirm) that this report, including the attached schedules on pages 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

14 day of May 2025
 Lauren E. Thayer
 Signature

My Commission expires 12-20-2025
 MO. DAY YR.

Notary Public
 Lauren E. Thayer, Notary Public
 Erie County
 My Commission expires December 20, 2025
 My Commission number 1455865
 Member, Pennsylvania Association of Notaries

Signature of Person Submitting report
 MICHAEL KEYS
 Printed Name
 814 Area Code
 873-1262 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

day of 20

Signature

My Commission expires
 MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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)	\$	00
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)		\$	
Total for the reporting period	(2)	\$	00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	00
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	00
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	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.

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]	\$	
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									
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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]	\$

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									
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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	
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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								

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 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**

Efil Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

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

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

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

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

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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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				Description of Contribution				
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				Description of Contribution				
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				Description of Contribution				
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				Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		FRIENDS TO ELECT MICHAEL KEYS			Date [MM/DD/YYYY]	\$	500
House #	114	Street Address		EAST 41st	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	LOAN TO COMMITTEE	
To Whom Paid		FRIEND TO ELECT MICHAEL KEYS			Date [MM/DD/YYYY]	\$	600
House #		Street Address			Description of Expenditure		
City		State		Zip Code		LOAN TO COMMITTEE	
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			
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:	
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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						

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						