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

	Note: This report must be cle			
Filer Identification Number	(Mark X)	andidate	Committee	Lobbyist
Name of Filing Committee, Candidate Lobbyist	mic HAEL	KEYS.	-	· · · · · · · · · · · · · · · · · · ·
Street Address	114 FAST	4/31 51	EEI	
City FULF	St	ate PA	Zip Code 1650	4
Type of Report (Place x under report t	type)			T
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Pre-Primary Pre-Primary Prima		riday 6-30 Day Post ection Election	7- Annual Special 2 <sup>nd</sup> Fr Pre-Election	iday Special 30 Day Post-Election
				The second secon
Date Of Election (MM/DD/YYYY) 5-	20 Year 206	Amendment Report	Termination Report	
Summary of Receipts and From Expenditures	Date To Date 1-2025 5-5-25		För Office Use Only	
A. Amount Brought Forward From La				
B. Total Monetary Contributions and (From Schedule I)	POST CONTRACTOR CONTRA		S C	2025
C. Total Funds Available (Sum of Lines A and B)	\$ 0			2025 MAY 1
D. Total Expenditures (From Schedule III)	\$ 1400		트	Art 1
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0		<u> </u>	<b>. . . . . . . . . .</b>
F. Value of In-Kind Contributions Rec (From Schedule II)	eived \$		104	Ė
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		· .	
Part 1- If this is a <b>Committee</b> report, treas		avit Section		
I swear (or affirm) that this report, including	ng the attached schedules on paped, is	to he best of my knowled	lge and belief true, correct and o	omplete.
Sworn to and subscribed before me this  Agy of	75 Notary y Public	5-Nochil	1104/1	
Rausen & Th	ayer Notar	- 6 // 79 7/29 9	of Person Submitting report  Printed Name	<del></del>
Signature  My Commission expires 12-20	Francy Fr	os M. (CW-15-1)	873-120	2
MO. DA	A Au	Area Code .	Daytime Telephone	Number
Part II- If this is a report of a Candidate's A I swear (or affirm) that to the best of my k	Authorized Committee, candidate shall	San here.	unravisions of the Act of lune 3	1937 (P.L. 1333, NO.320) as
amended.	nowledge and belief this post real cost	Nilitage has not violated an	y provisions of the reconstitute 5,	255, (
Sworn to and subscribed before me this				
day of20	<u> </u>	Sigr	nature of Candidate	
Signature	——— <b>j</b>		Printed Name	
My Commission expires				
MO. DAY	YR.	Area Code	Daytime Telephone N	lumber

## **SCHEDULE I Contributions and Receipts**

**Detailed Summary Page** 

Filer identification Number			
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$ \ <i>(</i> )	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	la la		
Contributions Received from Political Committees (Part A)		\$ 0	0
All Other Contributions (Part B)		\$	- Add - Mr. st Indicate - Add - 1
Total for the reporting period	(2)	, C	0
3. Contributions Over \$250.00 (From Part C and Part D)		9	
Contributions Received from Political Committees (Part C)			0
All Other Contributions (Part D)	_	5	
Total for the reporting period (	(3)	5	0
4. Other Receipts-Refunds; Interest Earned, Returned Checks; ETC. (From Part E)			
Total for the reporting period (	(4)	0	10
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)		0	0

#### 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	E .	AND THE CONTRACT OF THE STATE O			
	West over the second	<u> </u>			Amount
Full Name of Contribution	ng		<u> </u>	Date [MM/DD/YYYY]	\$
Committee		,			
House # S	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contributing				Date [MIM/DD/YYYY]	
Committee	<b>15</b>			Date (MINI/DD/11771	<b>5</b>
House # S	treet Address	*********		Date [MM/DD/YYYY]	5
Gity	A Maria - China - Chin	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributin	ig .			Date [MM/DD/YYYY]	
Committee					
House # St	treet Address		**************************************	Date [MM/DD/YYYY]	
				10	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributin	g			Date [MM/DD/YYYY] S	XG
Committee					
House # St	reet Address	***		Date [MM/DD/YYYY]	
City	;	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributin	g			Date [MM/DD/YYYY] S	
Committee					
House # St	reet Address	•		Date [MM/DD/YYYY] \$	
		Marie Adoptive Control	the testing constitution of the second of th		94
City		State	Zip Code	Date [MM/DD/YYYY] \$	Ú V
Full Name of Contributing Committee	g			Date [MM/DD/YYYY] \$	
	reet Address			Date [MM/DD/YYYY] S	
	The state of the s				
City	eng yar neu - 188 (TOV Plantager Pr - HATC) [ 'de 중앙 3부'	State	. Zip Code	Date [MM/DD/YYYY] \$	20

#### **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] S	
House # Street Address	100 pers = \$4450(\$900)	Colonia Coloni	Date [MM/DD/YYYY] \$	ur Parke
City	State	Zip.Code	Date [MM/DD/YYYY] \$	on no sugar de la casa de la <u>casa de</u> la
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$5	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/dD/\\YY\] 5	
House # Street Address	,		Date [MM/DD/YYYY] > \$	
-Gity	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] S	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] S	
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				Date [MM/DD/YYYY]	5
House# St	treet Address			Date [MM/DD/YYYY]	<b>5</b>
City	-	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of				Date [MIW/DD/YYYY]	
Contributing Committee					
House #. Sti	treet Address			Date [MM/DD/YYYY]	<b>5</b>
Gity		State	Zip Code	Date:[MM/DD/YYYY]	<b>\$</b>
Full Name of				Date [MM/DD/AYYY)]	
Contributing Committee					
House # Sti	treet Address			Date [MM/DD/YYYY]	\$
City.		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of				Date [MM/DD/AYYY]	52
Contributing Committee					
House # Str	reet Address			Date [MM/DD/YYYY]	
City.		State	Zip Gode	Date [MM/DD/YYYY]	\$ (
Full Name of				Date [MM/DD/YYYY]	5
Contributing Committee				y - The state of t	
House # Str	reet Address	_		Date [MM/DD/YYYY] S	
-City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of		**************************************		Pate [MM/DD/YYAY] S	
Contributing Committee					
House# Str	reet Address			Date [MM/DD/YYYY] 5	
City		_State	<b>Zip.Code</b>	Date [MM/DD/YYYY] \$	<b>3</b>

#### 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)

File dentification Number

	e e e e e e e e e e e e e e e e e e e		processors and the second seco	
Full Name of Contributor	en e		Date [MM/DD/YYYY] 5	
House # Street Add	fress		Date [MM/DD/YYYY] \$5	
City .		Zip Code	Date [MM/DD/YYYY] \$	
Employer Name  Employer Mailing Address /			Occupation	
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$.	
House# Street Add	ress	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nailing Address / Principal Place of Business		<del></del>	Occupation	
Full Name of Contributor	SSESSELVE	and the second s	Date [MM/Db/YYYY] \$	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
Gify Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business				<u> </u>
Full-Name of Contributor	actions on		Date [MM/DD/YYYY] \$	
House# Street Add			Date [MM/DD/YYYY] - \$5	
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name  Employer Mailing Address / Principal Place of Business			Occupation	

#### **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.

File Identification Number				
Full Name				
	eet Address			
City Receipt®Description		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name		<u></u>	u orași de la constant de la constan	
House# Str	eet Address			
Eity Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
Füll Name				
	eet:Address			
City City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			and the second of	
Full Name  House # Street	et Address			
Gity	ecitydd ca	State	Zip Code	Date MM/DD/YYYY] \$
Receipt Description :				
Full Name  House # Stre				
A PART OF THE PART	et Address	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House # Stre	et Address	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	Cate (min/pe//1417

#### SCHEDULE !!

# **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

Eller Identification Number:	
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 FO \$2	50:00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. * IN*KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FR	OMPARTG)
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 ente on Page 1, Report Cover Page, Item F)	er   \$

#### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identifi	ication Number.			
ikuli wamek	of Contributor			Pate [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] S
City		State	Zip Gode	
	·	Plate.	EIP-some	Date [MM/DD/YYYY] So
	of Contribution		C. T. C. T. Market and C.	
	of Contributor			Date [MM/DD/XYYY] \$
House #	Street Address	1		Date [MM/DD/YYYY]
Citý	of Contribution	State	Zip Gode	Date [MM//DD/YYYY] S
	of Contributor			Date [MM/DD/YYYY] \$
House #	Street Address	. 4		Pate [MM/DD/YYYY] 5
City		State	Zip Code	Date:[MM/DD/YYYY] \$
	of Contribution			
	f Contributor.			Date [MM/DD/YYYY] 5
House #	Street Address			Date [MM/DD/YYYY]
City.		State	Zip Code	Date [MM/DD/YYYY] \$
	of Contribution			
	f Contributor			Date (MM/DD/YYYY), S
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Codé	Date [MM/DD/YYYY] \$
Description o	of Contribution	- Andrews	·	

# SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	arin and the same of the same		
	esse e la companya de la companya d		
Full Name of Contributor			Date [MM/DD/YYYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Be to place the same with the same test story	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] S.
Gity	State	7 Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address / Principal			Occupation
Place of Business			Description Of Contribution
Full Name of Contributor			*Date [VIM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity.	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description. of Contribution
Full Name of Contributor		The second se	Date [MIM/DD/AYYY] -\$
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	Zip:Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

# Statement of Expenditures

Filer Identification Number:			 	
		•		

To Whom Paid	Si y			, Date [MM/DD/YYYY] \$
	FRIEN	DS TO FLO	ECT MICHAEL X	FX 12/27/2025 400
House #	Street Address	ENST 41	5	Description of Expenditure
City ERI	E	State PA	Zip Code /650	4 NOAN TO COMMITTEE
To Whom Paid	A		/	Date IMM/DD/YYYYI S
	TRIENC	) TO ELECT	MICHAEL KESS	600
House #	Street Address		• -	Description of Expenditure
City	The Control of the Co	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	86 55 40	Province Sales	Linding of the	Date [MM/DD/YYYY] \$
House #	Street Address	-		Description of Expenditure
City	President esta et de la cesa esta g	State	Zip Code	
To Whom Paid		Professional Sec	The season is again.	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	- March College of English and English and College of the College
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	<del></del>		Description of Expenditure
City		State	Zip Code	TOTAL STANDSCOOL CONTRACTOR SANDERS TOTAL STANDSCOOL STANDSCOOL CONTRACTOR SANDERS AND SAN
To Whom Paid				Date [MM/DD/YYYY] 8
House #	Street Address			Description of Expenditure
City	<u> </u>	State	Zip Code	
To Whom Paid			Verification and the second	Date [MM/DD/YYYY] \$
House #	Street Address		***************************************	Description of Expenditure
City	This equivalence of	State	Zip Code	No. 24 (2011) S. (2012) S. (1. 12 (2011) S. (2

## 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  House # Stre	eet Address State	DATE DEBT INCURRED S [MIN/DD/YYYY]	Outstanding Balance of Debt \$
Description of Debt  Name of Creditor  House # Stre	eet-Address	DATE DEBT INCURRED.	Outstanding Balance of Debt
City  Description of Debt:  Name of Creditor	State	Zip Gode	Outstanding Balance of Debt
House # Stree  Gity  Description of Debt	State	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code	<b>.</b>
Name of Creditor  House #. Stree  City	et Address	DATE DEBT INCURRED [MM/DD/YYYY] Zip.	Outstanding Balance of Debt.
Description of Debt  Name of Creditor  House # Street	et Address	<u> </u>	Outstanding Balance of Debt
City  Description of Debt  Name of Creditor	State	Zip Code	Outstanding Balance of Debt
	et Address  State		<b>\$</b>