

Commonwealth of Pennsylvania - Campaign Finance Report

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

Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Committee, Candidate or			
FRIENDS TO ELECT MICHAEL KEYS			
Address 3612 REED 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 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		
5/21		2019						

Summary of Receipts and Expenditures	From Date	To Date
	3/12/19	5/6/2019
A. Amount Brought Forward From Last Report	\$	85
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	520
C. Total Funds Available (Sum of Lines A and B)	\$	3185
D. Total Expenditures (From Schedule III)	\$	2515
E. Ending Cash Balance (Subtract Line D from Line C)	\$	605
F. Value of In-Kind Contributions Received (From Schedule II)	\$	00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2500

For Office Use Only

2019 MAY 14 PM 4:15
VOTER REGISTRATION
TO

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 schedule on page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 14th day of May 20 19

Tonia Fernandez
Signature

My Commission expires 4-3-23
MO. DAY YR.

Cypriana Mills ap
Signature of Person Submitting report

Cypriana Mills ap
Printed Name

814
Area Code

516-2940
Daytime Telephone Number

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

I swear (or affirm) that to the best of my knowledge and belief this candidate's authorized 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 14th day of May 20 19

Tonia Fernandez
Signature

My Commission expires 4-3-23
MO. DAY YR.

Michael P. Keys
Signature of Candidate

MICHAEL P. KEYS
Printed Name

814
Area Code

873-1202
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Tonia Fernandez, Notary Public
Erie County
My commission expires April 3, 2023
Commission number 1288912
Member, Pennsylvania Association of Notaries

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)	\$ 245
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)		\$	275
Total for the reporting period		(2)	\$ 275
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	00
All Other Contributions (Part D)		\$	2500
Total for the reporting period		(3)	\$ 2500
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 3020 01220
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)		\$	3020

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	
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Amount

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

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 Numbers									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
BILL COLE					04/05/2019		\$	100.00	
House #	Street Address				Date [MM/DD/YYYY]		\$		
306	EAST 18 th ST						\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
ERIE	PA			16503			\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
MARGARETT WATTS					04/12/2019		\$	100.00	
House #	Street Address				Date [MM/DD/YYYY]		\$		
12663	FORREST DRIVE						\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
EDINBURGH	PA			16422			\$		
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
LISA AUSTIN					4/12/2019		\$	75.00	
House #	Street Address				Date [MM/DD/YYYY]		\$		
1262	WEST 9 th ST						\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
ERIE	PA			16502	4/12/2019		\$		
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					Date [MM/DD/YYYY]		S		
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State			Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		S		
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State			Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		S		
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State			Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		S		
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State			Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		S		
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State			Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		S		
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State			Zip Code		Date [MM/DD/YYYY]		S	

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]	\$
MICHAEL KEYS (CANDIDATE)				04/10/2019	2500
House #	Street Address			Date [MM/DD/YYYY]	\$
3612	REED STREET				
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name			Occupation		
WAR TEC			SECURITY		
Employer Mailing Address / Principal Place of Business					
2901 EAST LAKE RD LAWRENCE PARK PA					
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, INTREST 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	
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		S			

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

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

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

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

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

Receipt Description					
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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

File Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
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TOTAL for the reporting period	(1)	\$	00
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
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TOTAL for the reporting period	(2)	\$	00
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)	
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TOTAL for the reporting period	(3)	\$	00
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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)		\$	00
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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]	S
House #	Street Address	Date [MM/DD/YYYY] S
City	State	Zip Code
Description of Contribution		

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

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

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

Full Name of Contributor	Date [MM/DD/YYYY]	S
House #	Street Address	Date [MM/DD/YYYY] S
City	State	Zip Code
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		BIRDSACK PRINTING		Date [MM/DD/YYYY]	5/19/2019	\$	519.00
House #	1919	Street Address	PEACH ST	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	FLYERS	
To Whom Paid		DESANTIS SIGNS		Date [MM/DD/YYYY]	04/19/2019	\$	1000
House #	540	Street Address	WEST 18th ST	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	SIGNS	
To Whom Paid		DESANTIS SIGNS		Date [MM/DD/YYYY]	4/29/2019	\$	768.00
House #	540	Street Address	WEST 18th ST	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502		
To Whom Paid		CORNERSTONE BAK & GRILL		Date [MM/DD/YYYY]	04/15/2019	\$	229.00
House #	809	Street Address	EAST 38th ST	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504		
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 MICHAEL KEYS						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)			\$		
3612	REED STREET	04/10/2019					
City	State	Zip Code					
ERTF		PA	16504		7500		
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							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)			\$		
City	State	Zip Code					
Description of Debt							