

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		3612 REED STREET		
City	State	Zip Code		
ERTF	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			
5/21		2019	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2019 MAY 14 PM 6:16 ELECTORAL DIVISION K
A. Amount Brought Forward From Last Report	3/12/19	5/06/19	
B. Total Monetary Contributions and Receipts (From Schedule I)		00	
C. Total Funds Available (Sum of Lines A and B)		00	
D. Total Expenditures (From Schedule III)		2500	
E. Ending Cash Balance (Subtract Line D from Line C)		00	
F. Value of In-Kind Contributions Received (From Schedule II)		00	
G. Unpaid Debts and Obligations (From Schedule IV)		00	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.	Affidavit Section	
I swear (or affirm) that this report, including the attached schedules, is to the best of my knowledge and belief true, correct and complete.		
Sworn to and subscribed before me this		
14 th day of May 20 19		
Sonia Fernandez	Signature of Person Submitting report	
Signature	MICHAEL O KEYS	
My Commission expires 4-3-23	Printed Name	
MO. DAY YR.	814	873-1202
	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		
day of 20		
Signature	Signature of Candidate	
	MICHAEL O KEYS	
	Printed Name	
My Commission expires	814	873-1202
MO. DAY YR.	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)	\$	06
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$
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)	\$
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)	\$	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]	\$	
											\$	

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.)

File Identification Number						
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:

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, 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]	\$
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 RECIEVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer 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)	\$	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]	\$
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		
City		State		Zip Code
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business		Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business		Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business		Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business		Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
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 STATE ^{ELECT} MICHAEL KEYS	Date [MM/DD/YYYY]	\$ 2500
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	

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						