



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 | Committee | Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist | MICHAEL KEYS             |           |           |          |
| Street Address                                  | 3612 REED ST             |           |           |          |
| City                                            | State                    | Zip Code  | 16564     |          |
| ERTF                                            |                          |           |           |          |

Type of Report (Place x under report type)

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

| Summary of Receipts and Expenditures                           | From Date | To Date | For Office Use Only                                            |
|----------------------------------------------------------------|-----------|---------|----------------------------------------------------------------|
| A. Amount Brought Forward From Last Report                     |           | \$ 00   | 2019 DEC 11 AM 8:37<br>ERIE COUNTY<br>VOTER REGISTRATION<br>TK |
| 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)                      |           | \$ 384  |                                                                |
| 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   |                                                                |

## Affidavit Section

Part 1- 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

10<sup>th</sup> day of Dec 20 19

Signature of Person Submitting report

MICHAEL KEYS

Printed Name

Area Code

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
Tonia Fernandez, Notary Public  
Erie County MO. DAY YR.  
My commission expires April 3, 2023  
Commission number 1288912

Part 2- If this is a Candidate's Authorized Committee, candidate shall sign here.  
I swear (or affirm) that this report, including the attached schedules on paper, is 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

10<sup>th</sup> day of Dec 20 19

Signature of Candidate

Cypriana Millsap

Printed Name

My Commission expires 4-3-19

MO. DAY YR.

Area Code

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 |  |
|-----------------------------|--|

|                                                                                                                                                                                                   |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>                                                                                                                   |     |    |
| Total for the reporting period                                                                                                                                                                    | (1) | \$ |
| <b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>                                                                                                                           |     |    |
| Contributions Received from Political Committees (Part A)                                                                                                                                         |     | \$ |
| All Other Contributions (Part B)                                                                                                                                                                  |     | \$ |
| Total for the reporting period                                                                                                                                                                    | (2) | \$ |
| <b>3. Contributions Over \$250.00 (From Part C and Part D)</b>                                                                                                                                    |     |    |
| Contributions Received from Political Committees (Part C)                                                                                                                                         |     | \$ |
| All Other Contributions (Part D)                                                                                                                                                                  |     | \$ |
| Total for the reporting period                                                                                                                                                                    | (3) | \$ |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>                                                                                                            |     |    |
| Total for the reporting period                                                                                                                                                                    | (4) | \$ |
| 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> |     | \$ |

**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 |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                   |  |    |  |  |  |  |  |  |  |                   |  |    |  |  |  |
| 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] |  | \$ |  |  |  |
| 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: |  |
|------------------------------|--|

|                                                           |  |                |            |                   |                   |    |                   |    |  |
|-----------------------------------------------------------|--|----------------|------------|-------------------|-------------------|----|-------------------|----|--|
| 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 /<br>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 /<br>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 /<br>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 /<br>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 |  |                |       |  |          |  |                   |    |  |  |

**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**

|                              |  |
|------------------------------|--|
| Filer 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 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) |  | \$ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|



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] | \$                |    |
|                             |                |       |  |          |                   |                   |    |
| 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: |  |
|------------------------------|--|

|                                                        |                |  |          |                             |  |    |  |
|--------------------------------------------------------|----------------|--|----------|-----------------------------|--|----|--|
| 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: |  |
|------------------------------|--|

|                         |                          |                            |  |     |
|-------------------------|--------------------------|----------------------------|--|-----|
| To Whom Paid            |                          | Date [MM/DD/YYYY]          |  | \$  |
| CORNER STONE BARB GRILL |                          | 11/05/2019                 |  | 384 |
| House #                 | Street Address           | Description of Expenditure |  |     |
| 809                     | EAST 38 <sup>th</sup> ST | WATCH PARTY                |  |     |
| City                    | State                    | Zip Code                   |  |     |
| ERIE                    | PA                       | 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                   |  |     |
|                         |                          |                            |  |     |
| 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    |  |                |  |                                    |  | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  | \$                          |  |
|                     |  |                |  |                                    |  |                             |  |
| City                |  | State          |  | Zip Code                           |  |                             |  |
| Description of Debt |  |                |  |                                    |  |                             |  |
| Name of Creditor    |  |                |  |                                    |  | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  | \$                          |  |
|                     |  |                |  |                                    |  |                             |  |
| City                |  | State          |  | Zip Code                           |  |                             |  |
| Description of Debt |  |                |  |                                    |  |                             |  |
| Name of Creditor    |  |                |  |                                    |  | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  | \$                          |  |
|                     |  |                |  |                                    |  |                             |  |
| City                |  | State          |  | Zip Code                           |  |                             |  |
| Description of Debt |  |                |  |                                    |  |                             |  |
| Name of Creditor    |  |                |  |                                    |  | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  | \$                          |  |
|                     |  |                |  |                                    |  |                             |  |
| City                |  | State          |  | Zip Code                           |  |                             |  |
| Description of Debt |  |                |  |                                    |  |                             |  |
| Name of Creditor    |  |                |  |                                    |  | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |  | \$                          |  |
|                     |  |                |  |                                    |  |                             |  |
| City                |  | State          |  | Zip Code                           |  |                             |  |
| Description of Debt |  |                |  |                                    |  |                             |  |

## PENNSYLVANIA CAMPAIGN FINANCE REPORT

*This Report must be typed or printed legibly in blue or black ink.*

### INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

### REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

**Filer Identification Number** - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

**Report Filed By** - Please indicate which type of filer you are by checking the appropriate box on the cover page.

**Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code** - Please enter appropriate name and address.

**Type of Report** - Please place an "X" by the applicable report type.

**Amendment Report** - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

**Termination Report** - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

**Filing Method** - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

**Name of Office Sought** - If filed by a candidate or candidate's committee, indicate office sought.

**Date of Election** - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

**District Number** - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

**Office Code, Party Code and County Code** - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

**Summary of Receipts and Expenditures** - Enter the appropriate dates of the reporting period covered.

**Amount Brought Forward From Last Report (Item A)** - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

**Items B through G** - See detailed instructions on each corresponding schedule.

**Affidavit Section** - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

**Page Number** - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

**Reports Filed on Diskette:** The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at [www.dos.state.pa.us](http://www.dos.state.pa.us) or by contacting the Bureau.

## SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

**Definition of Contribution:** Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. (See 25 P.S. §3241)

#### Instructions for Reporting Contributions

The *aggregate* total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on **Schedule I, Contributions and Receipts Detailed Summary Page, Line 1**. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on **Schedule I, Part A, "Contributions Received from Political Committees,"** or **Part B "All Other Contributions."**

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on **Schedule I, Part C, "Contributions Received from Political Committees,"** or **Part D, "All Other Contributions."**

**Receipts** - Use **Part E, "Other Receipts"** to report all *other* monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

**Address** - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

**Date** - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

**Total** - of each Part should be transferred to the appropriate section on the **Schedule I, "Contributions and Receipts Detailed Summary Page"** (Page 2 of the report form).

**Occupation and Employer** - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

## **SCHEDULE II**

### ***IN-KIND CONTRIBUTIONS RECEIVED***

**Detailed Summary Page** - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

**Part F and Part G** - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the **Schedule II Detailed Summary Page**.



### **SCHEDULE III**

#### **EXPENDITURES**

**Definition of Expenditure:** The payment, distribution, loan or advancement of money or any valuable thing by a candidate, political committee or other person for the purpose of influencing the outcome of an election; the payment, distribution, loan, advance or transfer of money or other valuable thing between or among political committees; the providing of a service or other valuable thing for the purpose of influencing the outcome of a nomination or election of any person to any public office to be voted for in this Commonwealth; or the payment or providing of money or other valuable thing by any person other than a candidate or political committee, to compensate any person for services rendered to a candidate or political committee. (See 25 P.S. §3241)

#### **Instructions for Reporting Expenditures**

Pursuant to state law, the Statement of Expenditures requires the filer to report the purposes for which funds were expended, the name and address of the entity to whom the expenditure was made, and the amount and date of each expenditure.

Vouchers for all expenditures over \$25.00 must be retained by the candidate or committee treasurer and shall be available for public inspection or copying. Filers are not required to submit vouchers with reports; however, vouchers must be retained for a period of three years.

Transactions between a candidate and his/her committee should be recorded on both the candidate's and committee's reports. For example, if a candidate contributes to or loans the committee money, the amount should appear on the candidate's report as an expenditure and on the committee's report as a receipt. A loan must also be reported by the recipient on the Statement of Unpaid Debts (Schedule IV).

## **SCHEDULE IV**

### **STATEMENT OF UNPAID DEBTS**

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.

## REPORT FILING DEADLINES

**Sixth Tuesday Pre-Election** - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

**Second Friday Pre-Election** - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

**Thirty Day Post-Election** - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

**Annual Report** - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

**Postmarks** - are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

**Late filing fee** - A late filing fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be assessed.

### County Code Table:

|               |               |                   |
|---------------|---------------|-------------------|
| 01 Adams      | 24 Elk        | 47 Montour        |
| 02 Allegheny  | 25 Erie       | 48 Northampton    |
| 03 Armstrong  | 26 Fayette    | 49 Northumberland |
| 04 Beaver     | 27 Franklin   | 50 Perry          |
| 05 Bedford    | 28 Forest     | 51 Philadelphia   |
| 06 Berks      | 29 Fulton     | 52 Pike           |
| 07 Blair      | 30 Greene     | 53 Potter         |
| 08 Bradford   | 31 Huntingdon | 54 Schuylkill     |
| 09 Bucks      | 32 Indiana    | 55 Snyder         |
| 10 Butler     | 33 Jefferson  | 56 Somerset       |
| 11 Cambria    | 34 Juniata    | 57 Sullivan       |
| 12 Cameron    | 35 Lackawanna | 58 Susquehanna    |
| 13 Carbon     | 36 Lancaster  | 59 Tioga          |
| 14 Centre     | 37 Lawrence   | 60 Union          |
| 15 Chester    | 38 Lebanon    | 61 Venango        |
| 16 Clarion    | 39 Lehigh     | 62 Warren         |
| 17 Clearfield | 40 Luzerne    | 63 Washington     |
| 18 Clinton    | 41 Lycoming   | 64 Wayne          |
| 19 Columbia   | 42 McKean     | 65 Westmoreland   |
| 20 Crawford   | 43 Mercer     | 66 Wyoming        |
| 21 Cumberland | 44 Mifflin    | 67 York           |
| 22 Dauphin    | 45 Monroe     |                   |
| 23 Delaware   | 46 Montgomery |                   |

### Party Code Table:

|     |                      |
|-----|----------------------|
| REP | Republican Party     |
| DEM | Democratic Party     |
| CST | Constitutional Party |
| LIB | Libertarian Party    |
| REF | Reform Party         |
| OTH | Other                |

### Office Code Table:

|     |                                                                                       |
|-----|---------------------------------------------------------------------------------------|
| GOV | Governor                                                                              |
| LTG | Lieutenant Governor                                                                   |
| ATT | Attorney General                                                                      |
| AUD | Auditor General                                                                       |
| TRE | State Treasurer                                                                       |
| SPM | Justice of the Supreme Court                                                          |
| SPR | Judge of the Superior Court                                                           |
| CCJ | Judge of the Commonwealth Court                                                       |
| STS | Senator in the General Assembly                                                       |
| STH | Representative in the General Assembly                                                |
| CPJ | Judge of the Court of Common Pleas                                                    |
| MCJ | Judge of the Municipal Court                                                          |
| TCJ | Judge of the Traffic Court                                                            |
| OTH | Other (Candidates for local offices who file only with the County Board of Elections) |

## INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. A candidate must file a statement or report that is separate from one filed by her/his authorized committee.
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

|                                    |                                                                                                                                                                                                                 |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First report deadline:<br>Cycle 1  | Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election.<br>(Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)            |
| Second report deadline:<br>Cycle 2 | Second Friday Pre-Primary. Reporting period closes 15 days prior to the election.<br>(Required by all candidates on the ballot and committees supporting such candidates.)                                      |
| Third report deadline:<br>Cycle 3  | 30 days Post-Primary. Reporting period closes 20 days after the election.<br>(Required by all candidates on the ballot and committees supporting such candidates.)                                              |
| Fourth report deadline:<br>Cycle 4 | 6 <sup>th</sup> Tuesday Pre-Election. Reporting period closes 50 days prior to the election.<br>(Required only by statewide candidates on the ballot and political committees supporting statewide candidates.) |
| Fifth report deadline:<br>Cycle 5  | 2 <sup>nd</sup> Friday Pre-Election. Reporting period closes 15 days prior to the election.<br>(Required by all candidates on the ballot and committees supporting such candidates.)                            |
| Sixth report deadline:<br>Cycle 6  | 30 days Post-Election. Reporting period closes 20 days after the election.<br>(Required by all candidates on the ballot and committees supporting such candidates.)                                             |
| Annual report deadline:<br>Cycle 7 | January 31 <sup>st</sup> of the following year. Statement must be complete as of December 31.                                                                                                                   |
6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

### **LATE FILING PENALTY**

A penalty of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the statement is overdue, plus an additional fee of \$10.00 for each of the first six days that a statement is overdue, will be assessed.

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

Postmarks are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the United States Postal Service, no later than the day prior to the filing deadline.

## CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

|                                                                          |     |                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
|--------------------------------------------------------------------------|-----|----------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------|-------------------------------------|------------------|-----|------|--|-----|-----|------|--|--|--|---------------------|--|
| FILER IDENTIFICATION NUMBER                                              |     | REPORT FILED ON BEHALF OF              |  | CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. | COMMITTEE                  | 2.                                  | LOBBYIST         | 3.  |      |  |     |     |      |  |  |  |                     |  |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br><b>MICHAEL D KEYS</b> |     |                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| STREET ADDRESS<br><b>3612 REED ST</b>                                    |     |                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| CITY<br><b>ERIE</b>                                                      |     |                                        |  | STATE<br><b>PA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    | ZIP CODE<br><b>16504 -</b> |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| TYPE OF REPORT (CHECK ONE)                                               |     | NAME OF OFFICE SOUGHT BY CANDIDATE     |  | DISTRICT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | PARTY                      |                                     | DATE OF ELECTION |     |      |  |     |     |      |  |  |  |                     |  |
|                                                                          |     |                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     | MO.              | DAY | YEAR |  |     |     |      |  |  |  |                     |  |
| 6TH TUESDAY PRE-PRIMARY                                                  |     | 1.                                     |  | <div style="display: flex; justify-content: space-around;"> <div>           DATES OF REPORTING PERIOD<br/> <table border="1" style="display: inline-table; margin: 5px;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>           TO           <table border="1" style="display: inline-table; margin: 5px;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">           CASH BALANCE AT END OF REPORTING PERIOD: \$ _____<br/><br/>           TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____         </div> </div> |    | MO.                        | DAY                                 | YEAR             |     |      |  | MO. | DAY | YEAR |  |  |  | FOR OFFICE USE ONLY |  |
| MO.                                                                      | DAY | YEAR                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
|                                                                          |     |                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| MO.                                                                      | DAY | YEAR                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
|                                                                          |     |                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| 2ND FRIDAY PRE-PRIMARY                                                   |     | 2.                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| 30 DAY POST-PRIMARY                                                      |     | 3.                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| 6TH TUESDAY PRE-ELECTION                                                 |     | 4.                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| 2ND FRIDAY PRE-ELECTION                                                  |     | 5.                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| 30 DAY POST-ELECTION                                                     |     | 6. <input checked="" type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
| ANNUAL REPORT                                                            |     | 7.                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                            |                                     |                  |     |      |  |     |     |      |  |  |  |                     |  |
|                                                                          |     |                                        |  | AMENDMENT REPORT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | YES                        | <input checked="" type="checkbox"/> | NO               |     |      |  |     |     |      |  |  |  |                     |  |
|                                                                          |     |                                        |  | TERMINATION REPORT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | YES                        |                                     | NO               |     |      |  |     |     |      |  |  |  |                     |  |

## AFFIDAVIT SECTION

## PART I -

If statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

|                                                                                                                                                                                                                                                                                      |     |                                       |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------|--------------------------|
| I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE. |     |                                       |                          |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS                                                                                                                                                                                                                                               |     |                                       |                          |
| ____ DAY OF _____ 20__                                                                                                                                                                                                                                                               |     | SIGNATURE OF PERSON SUBMITTING REPORT |                          |
| SIGNATURE                                                                                                                                                                                                                                                                            |     | PRINTED NAME                          |                          |
| MY COMMISSION EXPIRES                                                                                                                                                                                                                                                                |     | AREA CODE                             |                          |
| MO.                                                                                                                                                                                                                                                                                  | DAY | YR.                                   | DAYTIME TELEPHONE NUMBER |

## PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 OF CANDIDATE |                          |
| SIGNATURE                                                                                                                                                                            |     | PRINTED NAME           |                          |
| MY COMMISSION EXPIRES                                                                                                                                                                |     | AREA CODE              |                          |
| MO.                                                                                                                                                                                  | DAY | YR.                    | DAYTIME TELEPHONE NUMBER |

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed **\$250.00** during the reporting period.

|                                                                  |                                    |                                                                |              |                        |                        |                       |
|------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------|--------------|------------------------|------------------------|-----------------------|
| FILER IDENTIFICATION NUMBER <span style="float: right;">▶</span> |                                    | REPORT FILED ON BEHALF OF <span style="float: right;">▶</span> |              | CANDIDATE <sup>1</sup> | COMMITTEE <sup>2</sup> | LOBBYIST <sup>3</sup> |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST                  |                                    |                                                                |              |                        |                        |                       |
| STREET ADDRESS                                                   |                                    |                                                                |              |                        |                        |                       |
| CITY                                                             |                                    |                                                                | STATE        |                        | ZIP CODE               |                       |
| TYPE OF REPORT<br>(CHECK ONE)                                    | NAME OF OFFICE SOUGHT BY CANDIDATE |                                                                | DISTRICT NO. | PARTY                  |                        | DATE OF ELECTION      |
|                                                                  |                                    |                                                                |              |                        |                        | MO.   DAY   YEAR      |
| 6TH TUESDAY PRE-PRIMARY <span style="float: right;">1.</span>    |                                    |                                                                |              |                        |                        |                       |
| 2ND FRIDAY PRE-PRIMARY <span style="float: right;">2.</span>     |                                    |                                                                |              |                        |                        |                       |
| 30 DAY POST-PRIMARY <span style="float: right;">3.</span>        |                                    |                                                                |              |                        |                        |                       |
| 6TH TUESDAY PRE-ELECTION <span style="float: right;">4.</span>   |                                    |                                                                |              |                        |                        |                       |
| 2ND FRIDAY PRE-ELECTION <span style="float: right;">5.</span>    |                                    |                                                                |              |                        |                        |                       |
| 30 DAY POST-ELECTION <span style="float: right;">6.</span>       |                                    |                                                                |              |                        |                        |                       |
| ANNUAL REPORT <span style="float: right;">7.</span>              |                                    |                                                                |              |                        |                        |                       |

|                           |                                                                                                                                                   |      |     |      |  |  |  |    |                                                                                                                                                   |     |     |      |  |  |  |  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|------|--|--|--|----|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|------|--|--|--|--|
| DATES OF REPORTING PERIOD | <table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | MO.  | DAY | YEAR |  |  |  | TO | <table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | MO. | DAY | YEAR |  |  |  |  |
| MO.                       | DAY                                                                                                                                               | YEAR |     |      |  |  |  |    |                                                                                                                                                   |     |     |      |  |  |  |  |
|                           |                                                                                                                                                   |      |     |      |  |  |  |    |                                                                                                                                                   |     |     |      |  |  |  |  |
| MO.                       | DAY                                                                                                                                               | YEAR |     |      |  |  |  |    |                                                                                                                                                   |     |     |      |  |  |  |  |
|                           |                                                                                                                                                   |      |     |      |  |  |  |    |                                                                                                                                                   |     |     |      |  |  |  |  |

CASH BALANCE AT END OF REPORTING PERIOD: \$ \_\_\_\_\_

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ \_\_\_\_\_

|                     |     |  |    |  |
|---------------------|-----|--|----|--|
| AMENDMENT REPORT?   | YES |  | NO |  |
| TERMINATION REPORT? | YES |  | NO |  |

FOR OFFICE USE ONLY

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

|                                                                                                                                                                                            |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| _____ DAY OF _____ 20____<br><br>_____<br>SIGNATURE<br><br>MY COMMISSION EXPIRES _____<br><div style="display: flex; justify-content: space-between;"> <span>MO.   DAY   YR.</span> </div> | _____<br>SIGNATURE OF PERSON SUBMITTING REPORT<br><br>_____<br>PRINTED NAME<br><br>_____<br>AREA CODE   DAYTIME TELEPHONE NUMBER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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____<br><br>_____<br>SIGNATURE<br><br>MY COMMISSION EXPIRES _____<br><div style="display: flex; justify-content: space-between;"> <span>MO.   DAY   YR.</span> </div> | _____<br>SIGNATURE OF CANDIDATE<br><br>_____<br>PRINTED NAME<br><br>_____<br>AREA CODE   DAYTIME TELEPHONE NUMBER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|