

## 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	Friend to Elect Michael Keys			
Street Address	3612 Reed St			
City	State	Zip Code		
Erie	PA	110504		

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Termination Report					
		<input type="checkbox"/>	<input type="checkbox"/>					

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	1-01-18	12/31/2018	2019 FEB 11 AM 11:12 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)		185	
C. Total Funds Available (Sum of Lines A and B)		00	
D. Total Expenditures (From Schedule III)		185	
E. Ending Cash Balance (Subtract Line D from Line C)		00	
F. Value of In-Kind Contributions Received (From Schedule II)		285	
G. Unpaid Debts and Obligations (From Schedule IV)		00	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules and exhibits, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

 11<sup>th</sup> day of February 20 19  
 Kimberly Alexander  
 Signature

 My Commission expires 10 31 2019  
 MO. DAY YR.

 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Kimberly S. Alexander, Notary Public  
 City of Erie, Erie County  
 Commission Expires Oct 31 2019  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Affidavit Section

 Signature of Person Submitting Report  
 Cypriana Millsap  
 Printed Name  
 814 506-2940  
 Area Code Daytime Telephone Number

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

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

 11<sup>th</sup> day of February 20 19  
 Tonia Wilt  
 Signature

 My Commission expires 4-3-19  
 MO. DAY YR.

 Signature of Candidate  
 MICHAEL D. KEYS  
 Printed Name  
 814 873-1202  
 Area Code Daytime Telephone Number

 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Tonia Wilt, Notary Public  
 City of Erie, Erie County  
 My Commission Expires April 3, 2019  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number	
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<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	00
All Other Contributions (Part B)	\$	00
Total for the reporting period (2)	\$	00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	00
All Other Contributions (Part D)	\$	00
Total for the reporting period (3)	\$	00
<b>4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	00

**PART A**  
**Contributions Received From Political Committees**  
**\$50.01 TO \$250.00**  
 Use this Part to itemize only contributions received from Political Committees  
 with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number																			
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														Amount			
Full Name of Contributing Committee														Date (MM/DD/YYYY)			
House #		Street Address												Date (MM/DD/YYYY)			
City		State				Zip Code				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.)

Identification Number	
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Full Name of Contributor		Date: MM/DD/YYYY	\$	
House #	Street Address	Date: MM/DD/YYYY	\$	
City	State	Zip Code	Date: MM/DD/YYYY	\$
Full Name of Contributor		Date: MM/DD/YYYY	\$	
House #	Street Address	Date: MM/DD/YYYY	\$	
City	State	Zip Code	Date: MM/DD/YYYY	\$
Full Name of Contributor		Date: MM/DD/YYYY	\$	
House #	Street Address	Date: MM/DD/YYYY	\$	
City	State	Zip Code	Date: MM/DD/YYYY	\$
Full Name of Contributor		Date: MM/DD/YYYY	\$	
House #	Street Address	Date: MM/DD/YYYY	\$	
City	State	Zip Code	Date: MM/DD/YYYY	\$
Full Name of Contributor		Date: MM/DD/YYYY	\$	
House #	Street Address	Date: MM/DD/YYYY	\$	
City	State	Zip Code	Date: MM/DD/YYYY	\$
Full Name of Contributor		Date: MM/DD/YYYY	\$	
House #	Street Address	Date: MM/DD/YYYY	\$	
City	State	Zip Code	Date: MM/DD/YYYY	\$
Full Name of Contributor		Date: MM/DD/YYYY	\$	
House #	Street Address	Date: MM/DD/YYYY	\$	
City	State	Zip Code	Date: MM/DD/YYYY	\$

## PART C

**Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number									
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

File Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

PART E  
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File Identification Number	
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Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
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	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART II)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART II)</b>		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							

**SCHEDULE II**  
**Part G**  
**In-Kind Contributions Received**  
**VALUE OVER \$250**

File Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address		Date (MM/DD/YYYY)		S		
City	State	Zip Code		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)		S	
House #	Street Address		Date (MM/DD/YYYY)		S		
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)		S	
House #	Street Address		Date (MM/DD/YYYY)		S		
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)		S	
House #	Street Address		Date (MM/DD/YYYY)		S		
City	State	Zip Code		Date (MM/DD/YYYY)			
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III  
Statement of Expenditures

Filer Identification Number	
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To Whom Paid		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		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

**SCHEDULE IV**

**Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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