Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

						_					_			_				
Filer Identificati Number :	on	8015	5				port ed E		CAND	IDATE	~	CO	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		Kell	ler, I	Mark										
Street Address:																		
City:									State:				Zip Code	e: 17	040			
TYPE OF REPORT	6TH TUES	_	1. X	2ND FRIDA PRIMARY	Y PRE	; -	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	,	\
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TION	Yes	No)	\
report type)	ANNUAL	. REPORT	7.	Year 2011					NG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	/ Candidat	:e:	•				•	DATE (OF ELE	CTI	ON	Office Code	Par	ty Code	Cour		
									МО	DAY	•	YEAR	Number 86	STH	REP		50	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					1:	L	8	2011		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		s and	МО	DAY	YEAF	2			мо	DAY		YEAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	011	Т	0	Ċ)	19	2011						
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$				0.00						
B. Total Moneta	ary Conti	ributions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sche	dule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')			\$				0.00		,				
					AFF	·ID/	AVI	T SE	CTION									
PART I - If this is	s a Comn	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport,	cano	didate sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper (or by elec	tronic m	ediu	m, are to t	the best of	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed bef day of	ore me this		20								Signature	of Person	Submitt	ing Rep	ort		_
	_	Signatur	·e					_					Printe	d Name				-
My Commission Ex	cpires	J. J											Email					-
		мо	D	AY	YR					Ar	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted a	any provis	ions of the	act of Ju	ine 3,1	937 (P.L	133	3,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —							_					Printed	Namo				_
		Signature						_					inted					_
My Commission Exp		- J											Email		_			_
	-	МО	D	AY	YR	ł		-		Area	Cod	e	Day	rtime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Keller, Mark	From:	<u>3/29/201</u>	<u>1</u> To:	9/19/2011
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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.

Name of Filing Committee or Candidate			Reporting Period						
			From:		То	•			
		·		DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Commit	tee or Candidate	1	Repoi	rting P	eriod			
		1	From	:		To	:	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
I								
Mailing Address	_						\$	0.00
Mailing Address City	State	Zip Code (Plus 4)					\$	0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	me of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod				
	F						Т	То:		
					D.	ATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zip	Code (Plus	s 4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City		•	State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umma	ary Page,	Section	on 3.				PAGE TOTAL	
								\$	0.00	

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.

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			ing Peri	od		
			From:			To:	
				C	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description		•					
				_		ſ	PAGE TOTAL
Enter Grand Total of Part E on Sched	ule I, Detailed	i Summary Page,	Section	4.			\$ 0.00

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

Name of Filing Committee or Candidate	Reporting Perio	d	
Keller, Mark	From:	3/29/2011 To:	9/19/2011
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	Name of Filing Committee or Candidate Re					Reporting Period				
	F					То:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	C	0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•		•				
					-					
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL			
Section 2.						\$	0	.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate			ng Period					
				From			То:		
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		