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						METHOD PAPER ECK ONE					DISKE	TTE		
Name of Office S	Sought by	/ Candidat	:e:	•				•	DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
									МО	DAY	•	YEAR	86	STH	REP		50	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					1:	L	8 2011 (SEE INSTRUCTIONS FO					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 (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 Period							
Keller, Mark	From:	3/29/201	<u>1</u> To:	9/19/2011				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	J 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	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	J Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	g 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

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

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

PAGE TOTAL
\$ 0.00

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 Filling Committee of Candidate					Reporting Period From: To:				
			l		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

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

PAGE TOTAL \$ 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			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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	ame of Filing Committee or Candidate			Rep	orting Pe	Reporting Period					
				Fror	n:		To	o:			
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address City State Zip Code (Plus 4)								\$		0.00	
City	State	Zi	p Code (Plus	4)							
Employer Name		•			Occupa	tion	•	•			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)	
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	Section	••			\$	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	od						
Keller, Mark	From:	3/29/2011 To :	9/19/2011					
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	TF)							
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 Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Deta Summary Page, Section 3.				taile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)			Descri	ption of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL	
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00	