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	20120	C0184				port ed B		CAND	CANDIDATE COMMITTEE LOBBYIST					BYIST			
Name of Filing C	ommittee, (Candida	ate or Lo	obbyist:		KEL	LER	LER, MARK K								•		
Street Address:																		
City:				,					State:				Zip Code	: 170	040			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	/ PRE	-	2. X	30 DA PRIMA		POST-	T- 3.		AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u>	5.	30 DA ELECT		POST-	6.	TERMINAT REPORT?	ION	Yes	No		/	
report type)	ANNUAL RE	EPORT	7.	Year 2012					IG METH CHECK C			PAPER		√	DISKE	TTE		
Name of Office S	ought by Ca	andidat	:e:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
				,					мо	DAY	YEAR	₹	86	STH	REP		50	
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBLY					11	L	6 2	012		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of		and	МО	DAY	YEAR	Ł			МО	DAY	YEAI	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	20	012	<u> T</u>	0	4	1	9 2	012						
A. Amount Bro	ught Forwa	rd From	ı Last R	eport				\$			(0.00						
B. Total Moneta	ary Contribu	utions A	ınd Rec	eipts (From	Sche	dule	e I)	\$			(0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expend	litures (Fro	m Sche	dule II	(1)				\$			C	0.00						
E. Ending Cash	Balance (S	ubtract	Line D	From Line C	:)			\$			C	.00						
F. Value Of In-	Kind Contrib	butions	Receive	ed (From Sc	:hedu	le I	I)	\$			C	.00						
G. Unpaid Debt	s And Oblig	jations ((From S	ichedule IV))			\$			C	0.00		1				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is		•	•	_								-						
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sch	edules	s file	ed on	paper o	or by elec	tronic m	edium, aı	e to t	he best of ı	my know	/ledge	and beli	ef , tr	ıe.
Sworn to and subs	cribed before day of	me this		20							Sigr	ature	e of Person	Submitti	ing Rep	ort		-
		Signatur				_		<u>-</u>					Printe	d Name				-
My Commission Ex		Signatur	-										Email					-
	мо)	D#	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	af this	poli	itical	commi	ittee has	not viola	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this										s	ignature of	Candida	te			-
	day of ——							_					Printed	Name				-
	Sig	nature				—		-					Timeca	· · · · · · · · · · · · · · · · · · ·				_
My Commission Exp	_												Email					
		мо	Di	AY	YR	L .		-		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
KELLER, MARK K	From:	1/1/201	<u>2</u> To:	4/9/2012			
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	(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

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Reporting Period						
				From: To			o:		
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
	•	·			•	•	$\overline{}$	DACE TOTAL	

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 Candi	nme of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Reporting Period							
				Fror	From:				То:		
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$		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	Code (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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Period	d	
KELLER, MARK K	From:	<u>1/1/2012</u> To:	4/9/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting	Period				
					From:			То	То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.				etaile	ed					PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (lame of Filing Committee or Candidate				Reporting Period					
						То:				
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL			
).			\$	0.00			