Campaign Finance Report

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

						1												
Filer Identificati Number :	on	2012	C0184				port ed B		CAND	ANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	committe	e, Candida	ate or L	obbyist:		KEL	LER	, MAR	KK									
Street Address:																		
City:									State:				Zip Code: 17040					
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X	(AMENDMENT Yes No REPORT?					\
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	≣-	5.	30 DA		POST- 6. TERMINATION REPORT?					Yes	No	•	\
report type)	ANNUAL	. REPORT	7.	Year 2012					IG METH CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	, Candidat	te:						DATE ()F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
nume or office o	,oug 2,	, canalaa							МО	DAY	Y	'EAR	86	STH	REP		50	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		6	2012		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		s and	МО	DAY	YEAR	ł			МО	DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			4 10	2	012	Т	0	5	5	14	2012						
A. Amount Bro	ught For	ward Fron	n Last R	eport				\$	-			0.00						
B. Total Monet	ary Contr	ibutions 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 (I	From Sche	edule 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	s And Ob	oligations	(From S	Schedule IV)			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, e	cand	idate sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (or by elec	tronic m	ediur	n, 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		_
	_	Signatu	re					- -					Printe	d Name				-
My Commission Ex	cpires	-											Email					-
		мо	D	AY	YR					Ar	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	ny knowle	edge and beli	ef this	poli	tical	commi	ittee has ı	not viola	ted a	ny 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	Name				_
	:	Signature						_										_
My Commission Exp		J											Email					_
	-	МО	D	AY	YR	1		-		Area	Code	1	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 K	From:	4/10/201	<u>2</u> To:	5/14/2012
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	y 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

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 Re				Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing 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

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)

(EXCID	ue contributions noi	in pontical comm	iiiii	es re _l	porteu	III Pait	A)			
Name of Filing Committee or Candidate Reporting Period										
From: To:										
		•			DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4))							
	•	•			•	•		PAGE TOTAL		

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

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 Cai	Reporting	Period						
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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			Rep	orting Pe	riod					
Froi					rom: To:					
DATE							AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address							7			
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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				ing Peri	od				
			From:			To:			
				E	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	us 4)						
Receipt Description	'								
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL	
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 K	From:	4/10/2012 To:	<u>5/14/2012</u>
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 Candid	Reporting Period						
	From: To:						
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led 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 Candidate				Re	porting	Period				
From:							To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										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)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>.</i>			\$	0.00