# **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 :	i <b>on</b> 2012	C0184			Repor Filed E		CANDI	DATE	✓	СС	OMMITTEE		LOBE	YIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:	I	KELLER	, MAR	K K									
Street Address:																
City:							State:				Zip Cod	<b>Zip Code:</b> 17040				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIMA		POST- 3. <b>X</b>		AMENDMENT REPORT?		Yes	No	$\checkmark$		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	No	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2012				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE	
Name of Office Sought by Candidate:							DATE O	F ELE		]	District Number	Office Code	Par	ty Code	County Code	
	REPRESENTATIVE IN THE GENERAL ASSEMBLY							DAY	YEA	R	86	STH	REP		50	
REPRESENTATIVE IN THE GENERAL ASSEMBLY							11		6	2012		(SEE INS	TRUCTIO	ONS FOR (	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	R OFFIC	E USE	ONLY		
Expenditures	s from:		4 10	20	012 <b>T</b>	0	5	1	4	2012						
A. Amount Bro	ught Forward From	n Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Scheo	dule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Scho	edule II	I)			\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$				0.00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	e II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	')		\$	\$ 0.00									
				AFF	IDAVI	T SE	CTION									
	s a Committee rep		-					• •		-	-					
I swear (or affirm correct and comple	) that this report, incl ete.	uding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium, a	are to	the best of	my know	/ledge a	and beli	ef, true	
Sworn to and subs	cribed before me this day of	5	20						Sig	natur	e of Person	Submitti	ing Rep	ort		
	Signatu	re				_					Print	ed Name				
My Commission Ex	xpires					_					Email					
	МО	DA	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	nber		
	a report of a cand that to the best of n				•			-		provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,	
Sworn to and subscribed before me this									s	ignature of	Candida	te				
	day of		20			_					-					
	Signatura					_					Printed	I Name				
My Commission Exp	Signature bires										Email					
	мо	D/	AY	YR		_		Area	Code		Da	ytime 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: <u>4/10/2012</u> **To:** 5/14/2012 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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			Repor	ting F	Period			
Fro				1				
		·			DATE			AMOUNT
Full Name of Contributing Committee			м	10	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

5/5/2024 4:07:19 AM

PART B 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 Committee or Candidat	e		Rep	orting P	eriod			
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 S	Schedule I, Detai	led Summary Pag	je, Se	ection 2	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			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

# PART D 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

# PART E **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 Perio	od				
Fro			From:	rom: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	•						-		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL
		iiai y i 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 Period		
KELLER, MARK K	From:	<u>4/10/2012</u> <b>To:</b>	<u>5/14/2012</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

# VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
						То:		
				DATE		АМС	DUNT	
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

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(F	Plus 4)						
Employer of Contributor						Occupat	ion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption	of Contribution	
<u> </u>		•								

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
	From			То:			
		AMOUNT					
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00