# **Campaign Finance Report**

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

| Filer Identificat<br>Number :           | <b>ion</b> 201   | 2C0184      |                       |                                  | Repor<br>Filed |                | CANDI               | DATE     | ✓         | со     | MMITTE                 |                | LOBE         | BYIST    |                |
|---|--|-------------|-----------------------|----------------------------------|----------------|----------------|---------------------|----------|-----------|--------|------------------------|----------------|--------------|----------|----------------|
| Name of Filing                          | Committee, Candi   | date or L   | obbyist:              |                                  | KELLEF         | R, MAR         | K K                 |          |           |        |                        |                |              |          |                |
| Street Address:                         |  |             |                       |                                  |                |                |                     |          |           |        |                        |                |              |          |                |
| City:                                   |  |             |                       |                                  |                |                | State:              |          |           |        | Zip Cod                | <b>e:</b> 17   | 040          |          |                |
| TYPE OF<br>REPORT                       | 6TH TUESDAY<br>PRE-PRIMARY   | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE                            | - 2.           | 30 DA<br>PRIMA |                     | POST-    | 3.        |        | AMENDMENT<br>REPORT?   |                | Yes          | No       | <b>~</b>       |
| (place X to<br>the right of             | 6TH TUESDAY<br>PRE-ELECTION  | 4.          | 2ND FRIDA<br>ELECTION | Y PRE- 5. <b>X</b> 30 D/<br>ELEC |                |                |                     | POST- 6. |           |        | TERMINATION<br>REPORT? |                | Yes          | No       | $\checkmark$   |
| report type)                            | ANNUAL REPOR   | <b>T</b> 7. | <b>Year</b> 2012      |                                  |                |                | NG METHO<br>CHECK O |          |           |        | PAPER                  |                | $\checkmark$ | DISKE    | TTE            |
| Name of Office                          | L<br>Sought by Candid  | ate:        |                       |                                  |                |                | DATE O              | OF ELEC  | TION      |        | District<br>Number     | Office<br>Code | Par          | ty Code  | County<br>Code |
|   | IVE IN THE GENE  |             |                       |                                  |                |                | мо                  | DAY      | YEAR      | 2      | 86                     | STH            | REP          |          | 50             |
| KLYKLJENTAT                             |  | LKAL ASS    | LMDLT                 |                                  |                |                | 11                  |          | 6 20      | 012    |                        | (SEE INS       | TRUCTI       | ONS FOR  | CODES)         |
|   | Receipts and   | мо          | DAY                   | YEAR                             | Ł              |                | мо                  | DAY      | YEAR      | 2      | FOI                    | R OFFIC        | E USE        | ONLY     |                |
| Expenditures                            | s from:  |             | 9 18                  | 2                                | 012            | ГО             | 10                  | 2        | 2 2       | 012    |                        |                |              |          |                |
| A. Amount Bro                           | ought Forward Fro  | om Last R   | eport                 |                                  |                | \$             |                     |          | 0         | .00    |                        |                |              |          |                |
| B. Total Monet                          | ary Contributions  | s And Rec   | eipts (Fron           | n Sche                           | dule I)        | \$             |                     |          | 0         | .00    |                        |                |              |          |                |
| C. Total Funds                          | Available (Sum (   | Of Lines A  | and B)                |                                  |                | \$             |                     |          | 0         | .00    |                        |                |              |          |                |
| D. Total Expen                          | ditures (From Sc   | hedule II   | I)                    |                                  |                | \$             |                     |          | 0         | .00    |                        |                |              |          |                |
| E. Ending Cash                          | n Balance (Subtra  | ct Line D   | From Line             | C)                               |                | \$             |                     |          | 0.        | .00    |                        |                |              |          |                |
| F. Value Of In-                         | Kind Contributio   | ns Receiv   | ed (From S            | chedu                            | le II)         | \$             |                     |          | 0.        | .00    |                        |                |              |          |                |
| G. Unpaid Deb                           | ts And Obligation  | s (From S   | Schedule IV           | /)                               |                | \$             |                     |          | 0         | .00    |                        |                |              |          |                |
|   |  |             |                       | AFF                              | IDAV           | IT SE          | CTION               |          |           |        |                        |                |              |          |                |
|   | s a Committee re   |             | _                     |                                  |                |                |                     |          |           | -      |                        |                |              |          |                |
| I swear (or affirm<br>correct and compl | ) that this report, in<br>lete.  | cluding the | e attached sc         | hedules                          | s filed or     | i paper        | or by elect         | ronic me | dium, are | e to t | ne best of             | my know        | ledge        | and beli | ef , true      |
| Sworn to and sub                        | scribed before me th<br>day of   | nis         | 20                    |                                  |                |                |                     |          | Signa     | ature  | of Person              | Submitti       | ng Rep       | oort     |                |
|   | Signat   | ture        | _                     |                                  |                | _              |                     |          |           |        | Print                  | ed Name        |              |          |                |
| My Commission E                         | xpires   |             |                       |                                  |                |                |                     |          |           |        | Email                  |                |              |          |                |
|   | мо   | D           | AY                    | YR                               |                |                |                     | Are      | a Code    |        | Daytime                | e Telepho      | one Nu       | mber     |                |
|   | Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.<br>I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, |             |                       |                                  |                |                |                     |          |           |        |                        |                |              |          |                |
| ,                                       | cribed before me thi   | s           |                       |                                  |                |                |                     |          |           | Si     | gnature of             | f Candida      | te           |          |                |
|   | day of   |             |                       |                                  |                | _              |                     |          |           | 51     |                        |                |              |          |                |
|   | Printed Name   |             |                       |                                  |                |                |                     |          |           |        |                        |                |              |          |                |
| My Commission Ex                        | Signature<br>pires   |             |                       |                                  |                |                |                     |          |           |        | Email                  |                |              |          |                |
|   | мо   | D           | AY                    | YR                               | 1              | _              |                     | Area C   | ode       |        | 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>9/18/2012</u> To: 10/22/2012 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  |       |                  |    | Reporting Period |      |      |    |            |  |  |  |
|--|-------|------------------|----|------------------|------|------|----|------------|--|--|--|
|  |       |                  |    | From: To         |      |      | :  |            |  |  |  |
|  |       | ·                |    |                  | DATE |      |    | AMOUNT     |  |  |  |
| Full Name of Contributing Committee  |       |                  |    | 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. |       |                  |    |                  |      |      | \$ | 0.00       |  |  |  |

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                  |          |    |      |           |    |            |  |  |
|---|-------|------------------|----------|----|------|-----------|----|------------|--|--|
| Name of Filing Committee or Candidate Reporting Period  |       |                  |          |    |      |           |    |            |  |  |
|   |       |                  | From: To |    |      | <b>D:</b> |    |            |  |  |
|   |       |                  |          |    | 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 Candidate  |       |         | Reporting Period |    |     |      |            |            |  |
|--|-------|---------|------------------|----|-----|------|------------|------------|--|
|  |       |         | From:            |    |     | То:  |            |            |  |
|  |       |         |                  | DA | TE  |      | A          | MOUNT      |  |
| Full Name of Contributing Committee  |       |         |                  | мо | DAY | YEAR | \$         | 0.00       |  |
| Mailing Address  |       |         |                  |    |     |      | <b>]</b> * | 0.00       |  |
| City   | State | Zip Cod | e (Plus 4)       |    |     |      |            |            |  |
|  |       |         |                  |    |     |      |            |            |  |
|  |       |         |                  |    |     |      |            | PAGE TOTAL |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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 |       |      |                      |            |  |  |
|--|---------------|----------------|------|------------------|-------|------|----------------------|------------|--|--|
|  |               |                | Fron | n:               |       | Τά   | ):                   |            |  |  |
|  |               |                |      | D/               | ATE   |      | A                    | MOUNT      |  |  |
| Full Name of Contributor   |               |                |      | мо               | DAY   | YEAR | \$                   | 0.00       |  |  |
| Mailing Address  |               |                |      |                  |       |      |                      |            |  |  |
| City   | State         | Zip Code (Plus | s 4) |                  |       |      |                      |            |  |  |
| Employer Name  |               |                |      | Occupation       |       |      |                      |            |  |  |
| Employer Mailing Address/Principal Plac                                      | e of Business | City           |      |                  | State |      | Zip Cod              | e (Plus 4) |  |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |               |                |      |                  |       |      | PAGE TOTAL   \$ 0.00 |            |  |  |
|  |               |                |      |                  |       |      |                      |            |  |  |

## 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 |                     |            | Reporting Period |    |     |      |    |         |           |
|---------------------------------------|---------------------|------------|------------------|----|-----|------|----|---------|-----------|
|                                       |                     |            | From:            |    |     | To:  |    |         |           |
|                                       |                     |            |                  | D  | ATE |      |    | AMOUNT  |           |
| Full Name                             |                     |            |                  | мо | DAY | YEAR | \$ |         | 0.00      |
| Mailing Address                       |                     |            |                  |    |     |      |    |         |           |
| City                                  | State               | Zip Code ( | Plus 4)          |    |     |      |    |         |           |
| Receipt Description                   |                     |            |                  |    | •   |      |    |         |           |
|                                       |                     | _          |                  | _  |     |      |    | PAGE TO | <b>AL</b> |
| Enter Grand Total of Part E on Schedu | le I, Detailed Sumn | nary 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 Period |                              |                   |  |  |  |  |  |  |  |  |
|---|------------------|------------------------------|-------------------|--|--|--|--|--|--|--|--|
| KELLER, MARK K  | From:            | <u>9/18/2012</u> <b>то</b> : | <u>10/22/2012</u> |  |  |  |  |  |  |  |  |
| . UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |                  |                              |                   |  |  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe  | riod (1)         | \$                           | 0.00              |  |  |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART   | ſF)              |                              |                   |  |  |  |  |  |  |  |  |
| 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 (<br>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 |      |      |             |            |    |  |
|--|-------|-------------------|------------------|------|------|-------------|------------|----|--|
|  |       |                   | From:            |      |      | То:         |            |    |  |
|  |       |                   |                  | DATE |      |             | AMOUNT     |    |  |
| Full Name of Contributor   |       |                   |                  | DAY  | YEAR |             |            |    |  |
| Mailing Address  |       |                   |                  |      |      | <b>]</b> \$ | 0.0        | )0 |  |
| City   | State | Zip Code (Plus 4) |                  |      |      |             |            |    |  |
| Description of Contribution:   |       |                   |                  |      |      |             |            |    |  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,<br>Section 2. |       |                   |                  |      |      |             | PAGE TOTAL |    |  |
|  |       |                   |                  |      |      | \$          | 0.0        | 0  |  |

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

| Name of Filing Committee or Candidate  | Name of Filing Committee or Candidate |                  |       |        | Reporting Period |                           |                       |  |  |  |  |
|--|---------------------------------------|------------------|-------|--------|------------------|---------------------------|-----------------------|--|--|--|--|
|  |                                       |                  |       | From:  |                  |                           |                       |  |  |  |  |
|  |                                       |                  |       |        | DATE             |                           | AMOUNT                |  |  |  |  |
| Full Name of Contributor   |                                       |                  |       | мо     | DAY              | YEAR                      |                       |  |  |  |  |
| Mailing Address  |                                       |                  | -     |        |                  |                           | \$ 0.00               |  |  |  |  |
| City   | State                                 | Zip Code(Plus 4) |       |        |                  |                           |                       |  |  |  |  |
| Employer of Contributor  |                                       | •                |       | Occupa | ation            |                           |                       |  |  |  |  |
| Employer Mailing Address/Principal Place of Business City  |                                       |                  | State | e Zip  | Code(Plus 4)     | Descri                    | ption of Contribution |  |  |  |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed<br>Summary Page, Section 3. |                                       |                  |       |        |                  | <b>PAGE TOTAL</b><br>0.00 |                       |  |  |  |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | 1                   |                    | Reporting 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 | oenditure  |    |      |  |  |
| Enter Crand Tatal of Evnanditures     |                     |                    |                  |             | PAGE TOTAL |    |      |  |  |
| Enter Grand Total of Expenditures of  | on Page 1, Report C | lover Page, Item L |                  |             |            | \$ | 0.00 |  |  |

9/14/2025 3:41:08 PM