### **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	20184				port ed B		CANI	ANDIDATE COMMITTEE LOBBYIS						BYIST			
Name of Filing Committee, Candidate or Lobbyist: KELLER, MARK K																			
Street Address:																			
City:									State:					Zip Code	: 17	040			
TYPE OF REPORT	6TH TUESDA' PRE-PRIMAR'		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDA' PRE-ELECTIO		4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA ELECT		P	POST- 6. <b>X</b>			TERMINAT REPORT?	Yes	No		<b>\</b>	
report type)	ANNUAL RE	PORT	7.	Year 2012 FILING METHOD ( ) CHECK ONE								PAPER		<b>√</b>	DISKE	TTE			
Name of Office S	ought by Ca	ndidat	e:						DATE	01	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YE	AR	86	STH	REP		50	
REPRESENTATI	VE IN THE G	SENERA	AL ASS	EMBLY					1	۱1		6	2012	<del> </del>	(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		nd	МО	DAY	YEAR	l .			МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 23	2	012	Т	0	1	11	2	26	2012						
A. Amount Bro	ught Forward	d From	Last R	eport				\$	-				0.00						
B. Total Moneta	ary Contribu	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (S	um Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (Fror	m Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance (Su	btract	Line D	From Line C	2)			\$					0.00						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Sc	hedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Obliga	ations (	(From S	chedule IV	)			\$					0.00						
					AFF	ΊDΑ	AVI	T SE	CTIO	V									
PART I - If this is		•	•								•								
I swear (or affirm) correct and comple		rt, inclu	iding the	: attached sch	iedules	file	d on	paper o	or by ele	ectr	onic me	edium,	are to	the best of	my know	/ledge	and beli	ef , trı	ue.
Sworn to and subs	cribed before i day of	me this		20						•		S	ignatur	e of Person	Submitt	ing Rep	ort		
		Signature						- -		•				Printe	d Name				-
My Commission Ex		ngilatai (	_							-				Email					-
	мо		DA	AY	YR						Are	ea Cod	e	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	II s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has	s no	ot violat	ted an	y provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		1e this											s	ignature of	Candida	te			-
	day of — —							-						Printed	Name				-
	Sign	nature						-		_									_
My Commission Exp	ires													Email					
		мо	D/	AY	YR			-			Area	Code		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:	10/23/201	<u>2</u> To:	11/26/2012
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	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	) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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		Re	porting				
			Fre	om:		То	:	
		<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 Camulate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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	me of Filing Committee or Candidate			Period			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	me of Filing Committee or Candidate			orting Pe	riod			
			Fror	From:				
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		22300				\$	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 Peri	od	
KELLER, MARK K	From:	10/23/2012 <b>To:</b>	11/26/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
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	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				Reporting	Period			
					From:		То:		
						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 Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	ame of Filing Committee or Candidate					Reporting Period				
							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 D							PAGE TOTAL			
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00			