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 | | | | | | | | BYIST | | | | |
|---|---|-------------|---|-----------------------|---------|--------|--------------|----------------|---------------------|-------|-----------|---------------------|----------|----------------------|----------------|---------|----------|----------|----------|
| Name of Filing C | ommittee, | Candida | ite or Lo | obbyist: | | KEL | LER | , MAR | KK | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | | Zip Code | : 170 | 040 | | | |
| TYPE OF REPORT | 6TH TUESD PRE-PRIMA | | 1. | 2ND FRIDAY PRIMARY | / PRE- | - | 2. | 30 DA PRIMA | DAY POST- RIMARY | | | 3. | | AMENDMENT REPORT? | | Yes | No | • | / |
| (place X to the right of | 6TH TUESDAY 4. 2ND FRIDAY PRE- PRE-ELECTION 5. 30 DAY ELECTION | | | | | | | P | OST- | 6. | | TERMINAT REPORT? | ION | Yes | No | | / | | |
| report type) | ANNUAL R | EPORT | PRT 7. X Year 2012 FILING METHOD () CHECK ON | | | | | | | | PAPER | | \ | DISKE | TTE | | | | |
| Name of Office S | ought by C | andidat | e: | | | | | | DATE | 0 | F ELE | CTION | | District Number | Office Code | Par | ty Code | Coun | |
| | | | | | | | | | МО | | DAY | YEA | R | 86 | STH | REP | | 50 | |
| REPRESENTATI | VE IN THE | GENER | AL ASS | EMBLY | | | | | | 11 | | 6 | 2012 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| Summary of | | and | МО | DAY | YEAR | R | | | МО | | DAY | YEA | R | FOR | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | 1 | 11 27 | 21 | 012 | T | 0 | : | 12 | 3 | 31 | 2012 | | | | | | |
| A. Amount Bro | ught Forwa | rd From | Last R | eport | | | | \$ | - | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contrib | utions A | nd 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 (Fro | om Sche | dule II | I) | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (S | Subtract | Line D | From Line C | 2) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Contri | ibutions | Receive | ed (From Sc | hedu | le I | I) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Oblig | gations | (From S | chedule IV |) | | | \$ | | | | | 0.00 | | , | | | | |
| | | | | | AFF | ID | AVI | T SE | CTIO | N | | | | | | | | | |
| PART I - If this is | a Commit | tee repo | rt, trea | surer sign h | nere. I | If th | nis is | a Can | didate | re | port, c | andida | te sig | gn here. | | | | | |
| I swear (or affirm) correct and comple |) that this rep ete. | port, inclu | ıding the | : attached sch | iedules | s file | ed on | paper (| or by ele | ectr | onic me | edium, a | re to t | the best of I | my know | /ledge | and beli | ef , trı | ue. |
| Sworn to and subs | cribed before day of | e me this | | 20 | | | | | | • | | Sig | nature | e of Person | Submitti | ing Rep | ort | | _ |
| | | Signatur | ·e | | | | | - - | | • | | | | Printe | d Name | | | | - |
| My Commission Ex | pires | oigilata. | _ | | | | | | | - | | | | Email | | | | | - |
| | М | 0 | D/ | AY | YR | | | | | | Are | ea Code | | Daytime | Telepho | one Nu | mber | | |
| Part II- If this is | a report o | f a cand | idate's | authorized | Comn | nitte | ee, C | andida | ate sha | ıll s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | best of m | y knowle | edge and belie | ef this | poli | itical | commi | ittee has | s no | ot violat | ted any | provis | 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 | gnature | | | | | | - | | _ | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | Email | | | | | |
| | | мо | D/ | AY | YR | 1 | | _ | | | Area | Code | | Day | time 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: | 11/27/201 | <u>.2</u> To: | 12/31/2012 |
| 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 | 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 onl with an aggregate val | - | \$2 | |) in the | | | |
|-------------------------|---|-------------------|-----|-----|----------|------|----|------------|
| - | | | | om: | | То | : | |
| | | · | | | DATE | | | AMOUNT |
| Full Name of Contributi | ng Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | | ļ. | | | | -1 | | PAGE 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: | | | | | |
|--|-------|------------------|----------------------------|----|------|------|----|--------|
| | | | | | 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 | ame of Filing Committee or Candidate Report | | | | | ting 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 | | | Reporting Period | | | | | | |
|---|-------------------------------------|----------------|--------------|------------------|-------|------|-----------|-------------|--|--|
| | | | From: To: | | | | | | | |
| | | | | D | ATE | | A | AMOUNT | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus | s 4) | | | | | | | |
| Employer Name | | | | Occupat | tion | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Co | de (Plus 4) | | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ımmary Page, | Section | on 3. | | | 1 | 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 | | 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 Per | iod | |
|--|----------------|------------------------------|------------|
| KELLER, MARK K | From: | <u>11/27/2012</u> To: | 12/31/2012 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| 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 | me of Filing Committee or Candidate | | | | | | |
|------------------------------------|-------------------------------------|-----------------------|----------|----------|------|----|------------|
| | F | | | | | | |
| | | | | DATE | | | AMOUNT |
| 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 S | chedule II, In-Kir | nd Contributions Deta | iled Sun | ımary Pa | 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 | lame of Filing Committee or Candidate | | | | | Period | | | |
|--|---------------------------------------|--------|------------------|--------|-----------|-----------|--------|---------|--------------------|
| | | | | Fro | om: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Plac Business | ce of Cit | ity | State | | Zip 4) | Code(Plus | Descri | ption o | f Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, In-K | (ind (| Contributions De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or (| Reporti | | | | | | |
|-------------------------------|------------------------|-------------------------|--------|-------------|-----------|-----|------------|
| | | | From | | | То: | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descri | ption of Ex | penditure | | |
| | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expen | laitures on Page 1, Re | port Cover Page, Item D |). | | | \$ | 0.00 |