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 2014	C0415				port		CANI	DIDATE	✓	cc	MMITTEE		LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		KEL	LER	, MAR	KK		•							
Street Address:																	
City:								State:				Zip Code	e: 17	7040			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE- 5. 30 DAY F ELECTION					POST-	POST- 6.		TERMINATION REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7.	Year 2014					NG MET CHECK				PAPER		/	DISKE	TTE	
Name of Office Sought by Candidate:							OF ELE	CTIO	1	District Number	Office Code	Par	ty Code	Coun			
								МО	DAY	YE	AR	86	STH	REP	'	50	
REPRESENTATI					1	.1	4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)	1			
	Receipts and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FOF	OFFI	CE USE	ONLY		
Expenditures	from:		1 1	2	014	Т	0		3	31	2014						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			-	0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	ı)	\$)) '	0.00	1					
C. Total Funds	Available (Sum Of	Lines A	and B)			4	\$	7			0.00						
D. Total Expend	ditures (From Sch	edule II	I)		4		\$				0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	c) \			\$	\mathcal{I}			0.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	D)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	0		\	\$				0.00						
				AFF	ID/	٩VI	T SE	CTIO	V								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	report,	candid	ate sig	gn here.					
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	attached sc	hedule	s file	d on	paper	or by ele	ctronic m	edium,	are to	the best of	my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me this))	20							Si	gnature	e of Person	Submit	ting Rep	oort		-
	Signatu	re					- -					Printe	ed Name	9			_
My Commission Ex	pires						_					Email					
	мо	D	AY	YR					Ar	ea Code	١	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	ll sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ief this	polit	tical	comm	ittee has	not viola	ited any	provis	ions of the	act of J	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature of	Candid	ate			-
							_					Printed	Name				-
My Commission Exp	Signature						-					Email					-
·							-										_
	МО	D	AY	YR	1				Area	Code		Day	ytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	<u></u>			
Name of Filing Committee or Candidate	Reporting	g Period		
KELLER, MARK K	From:	1/1/201	<u>4</u> To:	3/31/2014
. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	ng 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 Reportin	ng Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			7	
Contributions Received From Political Committees (Part C)	-		\$	0.00
All Other Contributions (Part D)		/	\$	0.00
TOTAL for the Reporting	ng Period	(3)	\$	0.00
1. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E	·)			
TOTAL for the Reportin	ng Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P	and enter am Page, Item B.	ount)	\$	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 Candidat	Name of Filing Committee or Candidate				Reporting Period						
			Fr	om:		То	:				
		•			DATE		AMO	UNT			
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

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 Candidate			Reporting Period					
			From:		То:			
		•		DATE		AMOUNT		
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						5	0.00	
City	State	Zip Code (Plus 4)		3				

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			Reporting	g Period				
			From:			То:		
				DA	\TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	12	
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)			\rangle \[\rangle \]		
			1			Γ	PAGE TO	DTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sum	mary Pa	ge, Sectio	on 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	ame of Filing Committee or Candidate			Reporting Period					
			Fron	1:		To	o:		
				D	ATE		AMOU	NT	
Full Name of Contributor				МО	DAY	YEAR	1	\	
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name			1	Occupat	tion	>			
Employer Mailing Address/Principal Plac Business	e of	City	-		State		Zip Code (P	lus 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 Candidate	me of Filing Committee or Candidate			ing Perio	od			
			From:			To:		
				D	ATE		AMOUN	г
Full Name				МО	DAY	YEAR		
Mailing Address								0.00
City	State	Zip Code (Plus 4)					
Receipt Description			-	()				
Enter Grand Total of Part E on Schedu	ıle I. Detailed Sumn	narv Page.	Section	4.	//		PAGE TO	TAL
						!	\$	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
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Name of Filing Committee or Candidate	Reporting Period		
KELLER, MARK K	From: 1	/1/2014 To :	3/31/2014
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	RT F)		
TOTAL for the Reporting Pe	eriod (2)	9	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 Candidate			Repo	orting	Period			
			Fron	n:			То:	
				ſ	DATE		AMOUNT	
Full Name of Contributor			М	10	DAY	YEAR		
Mailing Address							5 N	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:					? `.		7	
Enter Grand Total of Part F on Sched	ule II, In-Kind Co	ontributions Deta	ailed	Sumn	nary Pag	e, _	PAGE TOTA	AL
Section 2.						4	•	0.00
				//				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
				•		DATE		AMOUI	NT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address									0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa				
Employer Mailing Address/Principal Plac Business	ce of	City	State		Zip 4)	Code(Plus	Descrip	otion of Contrib	ution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, I	n-Kind	Contributions De	etaile	ad			PAGE	0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period				
			From			То:		
				DATE			AMOUNT	r
To Whom Paid			МО	DAY	YEAR			
Mailing Address						5	(0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure		>	
Enter Grand Total of Expenditures of	on Page 1, Report Co	over Page, Item D	1			₽ <i>₽</i>	A GE TOTAL	L).00

