# **Campaign Finance Report**

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

Filer Identificat	ion	20160	20137			Repo Filed		CAN	DIDAT	E		СОММІТТЕ	E	LOB	BYIST			
Name of Filing (	Committee, C	Candida	te or L	obbyist:		KELLEI	R, MAI	RK K										
Street Address:																		
City:								State:				Zip Cod	<b>Zip Code:</b> 17040					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>X</b>	30 D PRIM		POST	POST- 3.			AMENDMENT REPORT?		No	)	<b>/</b>	
(place X to the right of	6TH TUESDA PRE-ELECTIC		4.	2ND FRIDAY PRE- 5. ELECTION				AY TION	POST	- 6.			TERMINATION REPORT?		No	)	$\checkmark$	
report type)	ANNUAL RE	PORT	7.	<b>Year</b> 2016				NG MET CHECK				PAPER		$\checkmark$	DISK	TTE		
Name of Office S	Sought by Ca	ndidat	e:			-		DATE				District Number	Office Code	Par	ty Code	Coun Code		
REPRESENTAT	IVE IN THE C	GENER	AL ASS	EMBLY				мо	DAY		YEAR	86	STH	REF	)	50		
									1	8	201	.6	(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of Expenditures		nd	мо	DAY	YEAR			мо	DAY	(	YEAR	FO	R OFFIC	E USE	ONLY			
				3 8	2	016	ГО		4	11	201	.6						
A. Amount Bro	-			-			_	\$ 0.00										
B. Total Monet	ary Contribu	tions A	nd Rec	eipts (Fron	1 Sche	dule I)	\$	5			0.0	0						
C. Total Funds	Available (S	um Of	Lines A	and B)			4	5			0.0	0						
D. Total Expen	ditures (Fror	m Sche	dule II	I)			\$	5			0.0	0						
E. Ending Cash	Balance (Su	ıbtract	Line D	From Line	C)		4	5			0.0	0						
F. Value Of In-				-		le II)	4	5			0.0	0						
G. Unpaid Deb	ts And Obliga	ations	(From S	Schedule IV	()		9	5			0.0	0					_	
					AFF	IDAV	IT SE	CTIO	N									
PART I - If this i																		
I swear (or affirm correct and compl		ort, inclu	iaing the	e attached sc	nedule	s filed of	i paper	or by ele	ctronic	medi	um, are t	o the best of	г ту кпом	leage	and bei	er, tru	Je'	
Sworn to and subs	day of	me this		20							Signati	ure of Person	n Submitt	ing Rep	oort		-	
	s	Signatur	e				_					Print	ted Name				-	
My Commission E		-										Emai	il				-	
	мо		D	AY	YR					Area	Code	Daytim	e Telepho	one Nu	mber			
Part II- If this is I swear (or affirm) No 320) as amend	) that to the be								-			visions of the	e act of Ju	ine 3,1	937 (P.I	1333	3,	
Sworn to and subso	cribed before m	ne this										Signature o	of Candida	te			-	
	day of						_					Di4	d N				_	
	Sign	ature					_		_			Printe	d Name					
My Commission Exp	-											Emai	il				-	
	•	10	D	AY	YR	1	_		Are	ea Co	de	Da	nytime Te	lephor	ne Numb	er	-	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** KELLER, MARK K From: <u>3/8/2016</u> **To:** 4/11/2016 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.)

PAGE 3

# 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				porting	Period			
Fro						То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	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

\$

Use this Part to ite	\$50.0 mize all othe 0.01 to \$250.	00 in the repo	s wi ortin	ith an 1g per	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
			Fror	m:		То	):	
					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		Report	ting Perio	od				
				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description				1	1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	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>3/8/2016</u> <b>то:</b>	<u>4/11/2016</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 R			Reporting	g Period			
	From:			То:			
				DATE		АМО	UNT
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	6	0.00

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

Name of Filing Committee or Candidate				Rep	oorting P	Period				
					Fro	m:		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	tion			
Employer Mailing Address/Principal Place of City State					Zip 4)	Code(Plus	Descri	ption o	of Contribution	

OTAL
0.00
5

# SCHEDULE III STATEMENT OF EXPENDITURES

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