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 20: | 16C0137 | | | | Repo Filed | | | CAI | NDII | DATE | * | | СОМ | MITTEE | | LOB | BYIS ⁻ | ſ | |
|---|--|---------------|----------------|----------|-----------|---------------|-----------|------|---------|--------------------------------|----------|------|-----------|-------|--------------------|----------------|----------|-------------------|---------------|----------|
| Name of Filing C | ommittee, Cand | idate or L | obbyis | it: | | KELLE | R,MA | RK | K | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State | : | | | | 7 | Zip Code | e: 17 | 040 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND F PRIMA | | / PRE- | 2. | 30 PRI | | | POST- 3. AMENDMENT Yes REPORT? | | | | | | Yes | | No | \ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND F | | / PRE- | - 5. | 30 ELE | | Y | Р | OST- | 6. | х | | ERMINAT EPORT? | TION | Yes | | No | / |
| report type) | ANNUAL REPOR | t T 7. | Year | 2016 | | | | | IG ME | | | _ | | P | APER | | √ | DIS | KETTE | |
| Name of Office S | ought by Candid | date: | • | | | • | | | DAT | E O | F ELE | CT | ION | | District Number | Office Code | Par | ty Co | de Cou Cod | |
| DEDDECEMENTATE | VE IN THE CEN | EDAL ACC | SEMBL | ., | | | | | МО | | DAY | | YEAR | | 16 | STH | REF |) | 50 | |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY | | | | | | | | ĺ | | 11 | | 8 | 201 | 6 | | (SEE IN | STRUCTI | ONS FO | R CODE | S) |
| Summary of | | МО | DA | Υ | YEAR | | | | МО | | DAY | | YEAR | | FOR | OFFIC | E USE | ONL | Y | |
| Expenditures | Trom: | | 10 | 25 | 20 | 016 | то | | | 11 | : | 28 | 201 | 16 | | | | | | |
| A. Amount Bro | ught Forward Fr | om Last P | Report | | | | | \$ | | | | | 0.0 | 00 | | | | | | |
| B. Total Moneta | ary Contribution | s And Rec | eipts (| (From | Sched | dule I) | ١ | \$ | | | | | 0.0 | 00 | | | | | | |
| C. Total Funds | Available (Sum | Of Lines A | and B | 3) | | | | \$ | | | | | 0.0 | 00 | | | | | | |
| D. Total Expend | ditures (From So | :hedule II | I) | | | | | \$ | | | | | 0.0 | 0 | | | | | | |
| E. Ending Cash | Balance (Subtra | act Line D | From | Line (| E) | | | \$ | | | | | 0.0 | 0 | | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (Fr | om So | hedul | e II) | | \$ | | | | | 0.0 | 0 | | | | | | |
| G. Unpaid Debt | s And Obligation | ıs (From : | Schedu | ıle IV |) | | | \$ | | | | | 0.0 | 0 | | | | | | |
| | | | | | AFF] | IDAV | IT S | E(| CTIC | N | | | | | | | | | | |
| PART I - If this is | | • | | _ | | | | | | | | | | | | | | | | |
| I swear (or affirm) correct and comple | | ncluding the | e attach | ned sch | edules | filed o | n pape | er o | or by e | lectr | onic m | ediu | ım, are t | o the | e best of | my knov | vledge | and b | elief , t | rue |
| Sworn to and subs | cribed before me t day of | his | 20 | | | | | | | | | | Signati | ure o | f Person | Submitt | ing Re | ort | | |
| | Signa | | _ | | | | _ | | | | | | | | Printe | d Name | 1 | | | |
| My Commission Ex | _ | | | | | | | | | - | | | | | Email | | | | | _ |
| | мо | D | AY | | YR | | | | | | Ar | ea C | Code | | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a ca | ndidate's | autho | rized | Comm | ittee, | Cand | ida | ate sh | all s | sign h | ere. | | | | | | | | |
| I swear (or affirm) No 320) as amende | | f my knowl | edge an | nd belie | ef this | politica | l com | ımi | ttee h | as no | ot viola | ted | any prov | visio | ns of the | act of Ju | ıne 3,1 | 937 (I | '.L. 133 | 33, |
| Sworn to and subsc | | is | | | | | | | | | | | | Sign | nature of | Candida | ite | | | - |
| | day of ———————————————————————————————————— | | _ 20 _ | | | | _ | | | | | | | | Printed | Name | | | | - |
| | Signatur | <u></u> | | | | | _ | | | | | | | | | - | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | | Email | | | | | |
| | МО | D | AY | | YR | | | | | | Area | Cod | le | | Day | time To | elephor | ne Nur | nber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | y Period | | |
|--|-----------|-----------|--------------|------------|
| KELLER,MARK K | From: | 10/25/201 | <u>6</u> To: | 11/28/2016 |
| 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 only with an aggregate valu | | | | | | | | |
|-------------------------|--|------------------|------------------|-----|------|------|---------------|------------|--|
| Name of Filing Comm | nittee or Candidate | | Reporting Period | | | | | | |
| | | | 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 Fining Committee of Candidate | | | | | Reporting Period From: To: | | | | | |
|---------------------------------------|-------|-------------------|---|----|----------------------------|------|----|--------|--|--|
| | | | l | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | 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

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 Rep | | | 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 | | | | Reporting Period | | | | | |
|---|-------------------------------------|---------------|---------|--------|------------------|------------|---------|--------------------|--|--|
| | | | Froi | m: | |) : | | | | |
| | | | | 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 Cod | de (Plus 4) | | |
| Enter Grand Total of Part C on Sche | dule I, Detailed S | ummary Page | , Secti | on 3. | | | P \$ | 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 | | | AMOUNT |
| 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 I. Detailed | l Summary Page. | Section | 4. | | | | PAGE TOTAL |
| The state of the s | on concedere 1, betained | . Janimary rage, | 50000011 | •• | | | \$ | 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 Pe | riod | |
|--|---------------|-----------------------|------------|
| KELLER,MARK K | From: | 10/25/2016 To: | 11/28/2016 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTO | OR . | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| 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 | | | | | | \$ | 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 | те Г | | PAGE TOTAL | |
| Section 2. | ciicadic 11, 111 Kii | ia contributions beta | nea Sam | iiiiai y i aş | , | | PAGE TOTAL | |
| | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | | Re | porting l | Period | | | | |
|--|--------------------------------------|---------|------------|---------|--------|-----------|-----------|-------|----------|------------------------|--|
| | | | | | From: | | | To: | То: | | |
| | | | | | • | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ \$ | 0.00 | |
| City | State | | Zip Code(I | Plus 4) | | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | ption | of Contribution | |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

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