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 :	i on 2016	5C0137			Repo Filed		CAND	IDATE	\checkmark	C	OMMITTEI		LOB	BYIS	r		
Name of Filing C	Committee, Candid	late or Lo	obbyist:			R,MAR	КК										
Street Address:																	
City:							State:				Zip Cod	Zip Code: 17040					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.		AMENDMENT REPORT?		Yes	\checkmark	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. ELECTION				POST-	6.		TERMINA REPORT?	TION	Yes		No	\checkmark	
report type)	ANNUAL REPORT	7. X	Year 2016				NG METH CHECK C				PAPER		\checkmark	DIS	KETTE		
Name of Office Sought by Candidate:							DATE (OF ELE	CTIC	ON	District Number	Office Code	Pa	rty Coo	de Cou Cod		
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBI Y				мо	DAY	Y	EAR	86	STH	RE	þ	50		
							1	L	8	2016		(SEE INS	TRUCTI	ONS FO	R CODE	S)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	Y	EAR	FO	R OFFIC	e use	ONL	Y		
Expenditures	s from:	1	L1 29	2	016	то	12	2	31	2016							
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)) \$	\$ 0.00										
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5			0.00							
D. Total Expen	ditures (From Sch	edule II	[)			\$	5			0.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5			0.00							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5			0.00							
G. Unpaid Deb	ts And Obligations	G (From S	chedule IV	')		\$;			0.00							
				AFF	IDAV	IT SE	CTION										
	s a Committee rep	-	-								-						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sc	hedules	s filed o	n paper	or by elec	tronic m	ediun	ı, are to	the best of	my know	ledge	and b	elief , t	rue	
Sworn to and subs	cribed before me thi day of 	S	20						:	Signatur	e of Person	Submitt	ng Re	port			
	Signatu	ıre				_					Print	ed Name				_	
My Commission Ex	xpires										Email	l					
	мо	DA	AY	YR				Ar	ea Co	de	Daytime	e Telepho	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Candic	late shal	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	politica	il comm	nittee has	not viola	ted a	ny provis	ions of the	act of Ju	ne 3,1	937 (I	P.L. 133	33,	
Sworn to and subso	Sworn to and subscribed before me this Signature of Candidate Signature of Candidate							_									
											Printeo	d Name				-	
My Commission Exp	Signature					_					Emai	1				—	
	мо	D/	AY	YR		_		Area	Code		Da	ytime Te	lepho	ne Nur	nber	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** KELLER, MARK K From: <u>11/29/2016</u> **To:** 12/31/2016 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			Re	porting l	Period			
Fro			om:		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

\$

PART B 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 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 Com	mittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	ed 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	Name of Filing Committee or Candidate			ting Perio	od				
			From:			То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					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 Perio	d	
KELLER,MARK K	From:	<u>11/29/2016</u> то:	<u>12/31/2016</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 PART	ſF)		
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				
F						То:		
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

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

Name of Filing Committee or C	Name of Filing Committee or Candidate				Reporting P	Period			
					From: To:				
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion			
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAV

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
						То:		
		AMOUNT						
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)			Descrij	otion of Ex	penditure			
Enter Grand Total of Expenditures of	`				PAGE TOTAL			
	Jil Page 1, Report C	over Page, Item I				\$	0.00	