Campaign Finance Report

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

Filer Identification	on	20180	C0202				port ed B		CANE	ANDIDATE COMMITTEE LOBBYIS						BYIST			
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		KEL	LER,	, MAR	KK									•	
Street Address:																			
City:									State:					Zip Code	: 170	040			
TYPE OF REPORT	6TH TUES PRE-PRIMA		1.	2ND FRIDAY PRIMARY	Y PRE-	-	2.	30 DA PRIMA		P	OST-	ST- 3.		AMENDME REPORT?	NT	Yes	No	•	\
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	Y PRE	Ē-	5. X	30 DA ELECT		P	POST- 6.			TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL	REPORT	7.	Year 2018	FILING METHOD () CHECK ONE								PAPER		√	DISKE	TTE		
Name of Office S	ought by	Candidat	:e:						DATE	ATE OF ELECTION District Office Number Code					ty Code	Coun			
	-								МО		DAY	YEAR	≀	86	STH	REP		50	
REPRESENTATI	VE IN 1H	E GENEK	AL ASS	EMBLY					1	.1		6 2	018		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of I		and	МО	DAY	YEAR	2			МО		DAY	YEAF	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 18	21	018	Т	0	1	LO	2	22 2	018						
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$	-			C	0.00						
B. Total Moneta	ary Contri	butions A	Ind Rec	eipts (From	Sche	dule	ı)	\$				C	0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				C	0.00						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				C	0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (2)			\$				0	.00						
F. Value Of In-l	Kind Cont	ributions	Receive	ed (From So	chedu	le II	()	\$				0	.00						
G. Unpaid Debt	s And Obl	igations	(From S	ichedule IV)			\$				C	0.00						
					AFF	IDA	١٧٢	T SE	CTIO	V									
PART I - If this is	a Commi	ttee repo	ort, trea	surer sign l	nere. I	If th	is is	a Can	didate	re	port, c	andidat	e sig	ın here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	: attached sch	nedules	s file	d on	paper (or by ele	ctr	onic me	edium, ar	e to t	he best of 1	my know	ledge	and beli	ef , trı	ue
Sworn to and subs	cribed befo day of	re me this		20						-		Sign	ature	of Person	Submitti	ing Rep	ort		_
		Signatur						- -		-				Printe	d Name				-
My Commission Ex	pires	oignatai								-				Email					-
	ī	мо	D/	AY	YR						Are	a Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	e, C	andida	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ef this	polit	tical	commi	ittee has	s no	t violat	ed any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this									-		s	ignature of	Candida	te			-
	day of							-						Printed	Name				-
	s	ignature						-		_									_
My Commission Exp	ires													Email					
	_	МО	D/	AY	YR			•			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:	9/18/201	<u>8</u> To:	10/22/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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		Re	porting	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 Filling Committee of Candidate				oorting P m:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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	te		Reporting Period						
			From:			То:			
				DA	TE		Α	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 Sci	nedule I, Detail	ed Summary 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 Ca	me of Filing Committee or Candidate					eriod			
				Fron	m:		T	o:	
			_		D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion		•	
Employer Mailing Address/Princ Business	cipal Place of		City			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C	on Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.			P.	AGE TOTAL 0.00
							L		

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 Perio	d	
KELLER, MARK K	From:	<u>9/18/2018</u> To:	10/22/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				Re	porting	Period			
					Fro	om:		To:		
							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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule 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					
							PAGE TOTAL			
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00			