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 200	4018				Rep File			CAI	NDI	DATE		COMN	ITTEE	√	LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:	:	F	rien	ds	of Ma	ırk Ke	ller									
Street Address:																			
City:									State	e:				Zip Cod	le:				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FR PRIMAR		PRE-	2		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTION		PRE-	- 5		30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL REPOR	T 7.	Year 20	006						IETHOD PAPER V					DISK	ETTE			
Name of Office S	Name of Office Sought by Candidate: DATE OF ELECTION							N	District Number	Office Code	Par	ty Cod	Cour						
									МО		DAY	YE	AR		STH	REF)	50	-
REPRESENTATI	VE IN THE GENE	:RAL ASS	SEMBLY							11		7	2006		(SEE IN	STRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY		YEAR				МО		DAY	YE	AR	FO	R OFFI	E USE	ONLY	,	
Expenditures	from:		1	1		1	T	0		3	:	27	2006						
A. Amount Bro	ught Forward Fro	m Last R	eport					\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (F	rom	Sched	lule	I)	\$					0.00						
C. Total Funds	Available (Sum ()f Lines A	and B)					\$					0.00						
D. Total Expend	ditures (From Sc	hedule II	I)					\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ne C	:)			\$					0.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fro	m Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	e IV))			\$					0.00						
					AFFI	[DA	VI	ΓSE	CTIC	N									
PART I - If this is	s a Committee re	port, trea	surer si	ign h	ere. I	f this	s is	a Car	ndidat	e re	port, o	andi	late sig	ın here.					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attache	d sch	edules	filed	on	paper	or by e	lectr	onic m	edium	are to t	he best o	my knov	wledge	and be	ief , tr	ue
Sworn to and subs	cribed before me the	ıis	20									s	ignature	of Perso	Submit	ing Re	oort		_
	Signat							-						Prin	ed Name				_
My Commission Ex	_	uie												Emai	I				-
	мо	D	AY		YR					,	Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authori	zed (Comm	ittee	, Ca	andid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and	belie	ef this p	politi	cal	comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.	L. 133	3,
Sworn to and subsc		s											Si	ignature o	f Candid	ate			-
	day of							_						Printo	d Name				_
	Signature							-											_
My Commission Exp	-													Ema	il				
	мо	D	AY		YR			•			Area	Code		Da	ytime T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary 1 ag	_		
Name of Filing Committee or Candidate	Reporting Period		
Friends of Mark Keller	From:	То:	3/27/2006
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		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				Reporting Period From: To:				
			Fro	m:		10):	
					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 Candi	ame of Filing Committee or Candidate Re			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule 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 Candidate	me of Filing Committee or Candidate				riod						
						From: To:					
				D	ATE		A	AMOUNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	s 4)								
Employer Name				Occupat	tion						
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	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		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 Period		
Friends of Mark Keller	From:	To:	<u>3/27/2006</u>
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	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 Candid	ame of Filing Committee or Candidate						
	From:		To:				
				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 Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	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 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	Name of Filing Committee or Candidate						
			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