Campaign Finance Report

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

						l _			CANDI	DATE		COM	477755	/	LOBI	BYIST		_
Filer Identificati Number :	on	2004	018				port		CANDI	DATE		СОМ	MITTEE	Y	СОВ	,1131		
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		Frie	ends	of Ma	rk Keller									
Street Address:																		
City:									State:				Zip Cod	le:				
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	T- 3. X AMENDMENT Yes REPORT?					No	•	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA ELECT		POST-	6.		TERMINATION REPORT?		Yes	No	•	
report type)	ANNUAL	. REPORT	7.	Year 2006					IG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	/ Candidat	:e:						DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Count	у
									МО	DAY	YE	AR	Number	STH	REP		50	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		7	2006		(SEE INS	TRUCTI	ONS FOR (CODES)	_
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			1 1		1	Т	0	6		5	2006						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport			1	\$		•	•	0.00	1					
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	1 Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate re	eport, c	candi	date sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper (or by elect	ronic m	edium	, are to t	the best of	my knov	vledge	and beli	ef , tru	e,
Sworn to and subs	cribed before day of	ore me this		20							S	ignature	of Persor	n Submitt	ing Rep	ort		-
	_	Signatur	·e					_					Print	ed Name				-
My Commission Ex	cpires							_					Emai	I				-
		мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.L	. 1333	,
Sworn to and subsc		re me this										s	ignature o	f Candida	ite			-
	day of —							_					Printe	d Name				-
	:	Signature						_										╻┃
My Commission Exp	oires												Emai	I				
	_	МО	D	AY	YR	1		-		Area	Code		Da	ytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Friends of Mark Keller	From:	To:	<u>6/5/2006</u>
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

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	1	Reporting	Period			
			From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Com	mittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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)

(Exclude cont		r ponticui conni		.03 .01	Joi tea	in i di c	~,	
Name of Filing Committee or Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To):	
					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 Schedule I, Detailed Summary Page, Section 2.

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					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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 o	r Candidate		Report	ting Peri	od			
			From:			То:		
					DATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description				•	•	•	•	
Enter Grand Total of Part 5	on Schodulo I. Detailed	Summary Dage	Soction.	4				PAGE TOTAL
Enter Grand Total of Part E	on Schedule 1, Detailed	Summary Page,	Section	4.			\$	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:	То:	<u>6/5/2006</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 Car	ndidate		Reporting Period					
						То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	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	Reporting Period	
	From:	То:

						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	I				Occup	ation	<u> </u>		
Employer Mailing Address	:/Principal Place of Business	Cit	ty	State	e Ziŗ	Code(Plus 4)	Descri	ption of	Contribution
Enter Grand Total of P Summary Page, Section	Part G on Schedule II, In-Kion 3.	ind (Contributions D	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame 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)	Descrip	tion of Exp	enditure					
Enter Crand Total of Evnenditures	on Dogo 1 Donout C	Cavar Daga Itam F					PAGE TOTAL			
Enter Grand Total of Expenditures	ni rage 1, Report C	Lover Paye, Item L	, .			\$	0.00			