Campaign Finance Report

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

Filer Identificat	ion	2004	018			Repor Filed		CAND			СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing (Committee,	Candida	ate or L	obbyist:			-	l ark Keller	-								
Street Address:																	
City:								State:					Zip Code:				
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRID PRIMARY	AY PRE-	- 2.	30 D/ PRIM		POST-	3. X		AMENDMENT REPORT?		Yes	No	 ✓ 	
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRID ELECTION		30 D/ ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	\checkmark		
report type)	ANNUAL F	REPORT	7.	Year 200	6			NG METH CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:								DATE C	OF ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
REPRESENTAT			мо	DAY	YE	AR		STH	REF	•	50						
								11		7	2006		(SEE IN	STRUCTI	ONS FOR	CODES)	
Summary of Expenditures		and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	CE USE	ONLY		
	s nom.			1	1	1	г о	e	5	5	2006						
A. Amount Bro	-			-			\$				0.00						
B. Total Monet	ary Contrib	outions A	And Rec	eipts (Fro	m Sche	dule I)	\$				0.00	_					
C. Total Funds	Available ((Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (Fr	om Sche	edule II	1)			\$				0.00						
E. Ending Cash	Balance (S	Subtract	Line D	From Line	eC)		\$				0.00						
F. Value Of In-				•		le II)	\$				0.00						
G. Unpaid Deb	ts And Obli	gations	(From S	Schedule I	(V)		\$				0.00						
					AFF	IDAV	IT SE	CTION									
PART I - If this is		-		-					• •			-	f my kno	vladaa	and holi	of true	
I swear (or affirm correct and compl		port, men		e attacheu s	chequies	s mea on	рареі	or by elect	li onic me	arum,		the best o		vieuge		er, true	
Sworn to and subs	scribed befor day of	e me this		20						S	ignatur	e of Perso	n Submitt	ting Rep	oort		
							_					Prin	ted Name	•			
My Commission E	xpires	Signatur	re									Ema	il				
	м	10	D	AY	YR		_		Are	a Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	lidate's	authorize	d Comm	nittee, G	Candid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend		best of m	ny knowl	edge and be	elief this	political	comm	ittee has r	not violat	ed any	y provis	ions of th	e act of J	une 3,1	937 (P.L	1333,	
Sworn to and subso	cribed before day of	e me this		20							s	ignature o	of Candida	ate			
Printed Name																	
My Commission Exp		gnature					_					Ema	il				
		мо	D	AY	YR		_		Area	Code		D	aytime To	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: To: Friends of Mark Keller 6/5/2006 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.)

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			Repor	rting I	Period			
				:				
		·			DATE			AMOUNT
Full Name of Contributing Committee			м	10	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	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			
From: 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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n 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 C	Name of Filing Committee or Candidate			ting Perio	bd				
						То:			
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	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 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	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, I		\$	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			
	From:		То:				
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Rej	oorting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
	From			То:			
				DATE			AMOUNT
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1. Benert C	over Dage Item F	`				PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00