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	200401	18				port ed B		CAND	CANDIDATE COMMITTEE V LOBBYIST						BYIST		
Name of Filing Committee, Candidate or Lobbyist: Friends of Mark Keller																		
Street Address:																		
City:									State:				Zip Cod	le:				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY			2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA		POST- 3.			AMENDM REPORT?		Yes	No		\
(place X to the right of	nce X to PRE-ELECTION ELECTION				30 DA		POST-	6.		TERMINA REPORT?		Yes	No	•	\			
report type)	ANNUAL REP	ORT 7.							NG METH CHECK (PAPER		/	DISKE	TTE	
Name of Office S	ought by Can	ıdidate	:						DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YE	AR	Trum.u.	STH	REP		50	
REPRESENTATIVE IN THE GENERAL ASSEMBLY								1:	1	7	2006		(SEE INS	TRUCTIO	ONS FOR (ODES))	
Summary of I		nd	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			1 1		1	_ T	0	9	Э	18	2006						
A. Amount Bro	ught Forward	From I	Last Ro	eport				\$	_			0.00						
B. Total Moneta	ary Contributi	ions An	ıd Rece	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Su	m Of Li	ines A	and B)				\$				0.00						
D. Total Expend	ditures (From	Sched	lule III	()				\$				0.00						
E. Ending Cash	Balance (Sub	otract L	ine D	From Line C	2)			\$				0.00						
F. Value Of In-l	Kind Contribu	ıtions R	Receive	ed (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligat	tions (F	From S	chedule IV)			\$				0.00		,				
					AFF	ID/	AVI	T SE	CTION									
PART I - If this is		•	•	_						•		_						
I swear (or affirm) correct and comple		t, includ	ling the	attached sch	iedules	s file	:d on	paper	or by elec	tronic m	edium	, are to t	the best of	f my knov	/ledge	and beli	ef , tru	ue.
Sworn to and subs	cribed before m day of	ne this		20							s	ignature	of Perso	n Submitt	ing Rep	ort		_
	- Si	gnature						_					Prin	ted Name				_
My Commission Ex	•	gnature											Emai	il				-
	мо		DA	ΑΥ	YR			_		Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candid	late's	authorized	Comn	nitte	ee, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende		st of my	knowle	dge and belie	ef this	poli	itical	comm	ittee has	not viola	ited an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e this								-		s	ignature o	of Candida	te			-
	day of ———							_					Printe	d Name				-
	Signa	ture				_		-										_
My Commission Exp	_												Ema	il				
		0	DA	AY	YR	L .		-		Area	Code		Da	ytime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary Lug	_		
Name of Filing Committee or Candidate	Reporting Period		
Friends of Mark Keller	From:	То:	9/18/2006
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	y 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 Committee or Candidate				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 Filing Committee or Candidate			Rep	oorting P				
Fr						o:		
					DATE		АМ	OUNT
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 Candidate Reporti				ng Period					
			From:			То:			
				DA	TE		А	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 Scho	edule 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	Reporting Period								
			Fron	n:		To	То:		
				D	ATE		АМС	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE 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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·			•	•	·	
Enter Grand Total of Part E	on Schedule I. Detailed	l Summary Page.	Section	4.				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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:	9/18/2006
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	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 Candidat	lame of Filing Committee or Candidate Re			g Period			
	From:						
				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					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 (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 Expenditures on Page 1, Report Cover Page, Item D).			\$	0.00