Campaign Finance Report

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

Filer Identificat Number :	tion	60610	6			Repo Filed			CANDI	DATE	✓	co	OMMITTE		LOBE	BYIST	
Name of Filing	Committee	e, Candida	ate or Lo	obbyist:		Keller,	-			_							
Street Address	:																
City:								s	tate:				Zip Cod	e:			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY IMAR		POST-	DST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	y pre	<u>-</u> 5.		DAY ECTIO		POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark
report type)								PAPER		\checkmark	DISKE	TTE					
Name of Office	Sought by	Candidat	e:					D	DATE O	F ELE(TION		District Number	Office Code	Par	ty Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY										REP		50					
REPRESENTAT				11		7	2006		(SEE INS	TRUCTIO	ONS FOR	CODES)					
Summary of		and	мо	DAY	YEAR	2		٩	10	DAY	YEA	AR	FO	R OFFIC	e use	ONLY	
Expenditure	s from:			1 1		1	то		12	3	1	2006					
A. Amount Bro	ought Forv	vard From	n Last R	eport				\$			·	0.00					
B. Total Mone	B. Total Monetary Contributions And Receipts (From Schedule I								\$ 0.00								
C. Total Funds	s Available	(Sum Of	Lines A	and B)				\$				0.00					
D. Total Exper	nditures (F	rom Sche	edule II	I)				\$				0.00					
E. Ending Cas	h Balance	(Subtract	Line D	From Line	C)			\$				0.00					
F. Value Of In	-Kind Cont	ributions	Receiv	ed (From S	chedu	le II)		\$				0.00					
G. Unpaid Deb	ots And Ob	ligations	(From S	Schedule IV	')			\$				0.00					
					AFF	IDAV	IT S	SEC	TION								
PART I - If this		-		-									-				
I swear (or affirn correct and comp		eport, incli	uding the	e attached sc	hedule	s filed of	n pap	er or	by electi	ronic me	dium, a	are to	the best of	my know	/ledge a	and beli	ef , true
Sworn to and sub	oscribed befo day of	ore me this	i	20							Sig	gnaturo	e of Person	Submitt	ing Rep	ort	
		Signatur	re				_						Print	ed Name			
My Commission E	Expires		-										Emai	l			
		мо	D	AY	YR					Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	s a report	of a cand	lidate's	authorized	Comn	nittee,	Canc	didat	e shall :	sign he	re.						
I swear (or affirm No 320) as amend		e best of m	ıy knowle	edge and beli	ef this	politica	l con	nmitt	ee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subs	cribed befor day of	e me this		20								s	ignature o	f Candida	te		
													Printe	l Name			
My Commission Ex		Gignature											Emai	1			
	_						_										
		мо	D	AY .	YR	2				Area (Code		Da	ytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: To: Keller, Mark 12/31/2006 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			Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Comm	ittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4	•)				
						Г	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			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	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Candidate			Report	ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	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		
Keller, Mark	From:	То:	<u>12/31/2006</u>
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	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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Rep				g Period			
	From:						
				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.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate					Reporting P	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			1		Occupa	l tion			
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From						
		AMOUNT					
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City	City State Zip Code (Plus 4)			otion of Ex	penditure		
Enter Grand Total of Expenditures of	an Rago 1. Roport C	over Dage Them F	`				PAGE TOTAL
	Jil Page 1, Report C	over Page, Item I				\$	0.00