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	80155	5				port ed B		CAN	CANDIDATE COMMITTEE LOBBYIST						BYIST			
Name of Filing C	ommittee,	, Candida	ate or Lo	obbyist:		Kell	ler, l	Mark			•								
Street Address:																			
City:									State:					Zip Code	e:				
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		√
(place X to the right of	6TH TUESI PRE-ELECT						30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		\	
report type)	ANNUAL I	REPORT	7.	Year 2008	ear 2008 FILING METHO () CHECK ON								PAPER		\	DISKE	TTE		
Name of Office S	ought by	Candidat	:e:						DATE	0	F ELE	CTIO	l	District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YE	AR.	86	STH	REP		50	
REPRESENTATI	VE IN THE	E GENEK	AL ASS	EMBLY						11		4	2008	┢──	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of I		and	МО	DAY	YEAR				МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	20	800	Т	0		10	2	20	2008						
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$	_				0.00						
B. Total Moneta	ary Contrib	outions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						ļ
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (Fr	om Sche	dule II	[)				\$					0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line C	:)			\$					0.00						
F. Value Of In-l	Kind Contr	ibutions	Receive	ed (From Sc	hedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Obli	igations	(From S	chedule IV))			\$					0.00		'				
					AFF	IDA	AVI	T SE	CTIO	N									
PART I - If this is	a Commi	ttee repo	ort, trea	surer sign h	iere. I	If th	nis is	a Can	ndidate	re	port, c	andid	ate sig	gn here.					
I swear (or affirm) correct and comple	that this re ete.	port, inclu	uding the	attached sch	edules	s file	d on	paper o	or by ele	ectr	onic me	edium,	are to	the best of i	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befor day of	re me this		20						•		Si	gnature	e of Person	Submitt	ing Rep	ort		-
		Signatur						- -						Printe	d Name				-
My Commission Ex	pires	Signatui	•							-				Email					-
	<u> </u>	10	D#	ΑY	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authorized (Comn	nitte	e, C	andid	ate sha	ıll s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and belie	f this	polit	tical	commi	ittee ha	s no	ot violat	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this											s	ignature of	Candida	te			-
	day of — –							-						Printed	Name				-
	Si	ignature						-		_					_				_
My Commission Exp	ires													Email					
	-	мо	D/	AY	YR			•			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	Period		
Keller, Mark	From:	1/1/200	<u>8</u> To:	10/20/2008
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

	nis Part to itemize onl vith an aggregate valu								
Name of Filing Commit	Name of Filing Committee or Candidate			Reporting Period					
				From: To			D:		
		<u>.</u>			DATE			AMOUNT	
Full Name of Contributing	g Committee			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

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:				
					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	ne of Filing Committee or Candidate		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 Candi	ne of Filing Committee or Candidate					Reporting Period					
				Fror	n:		To	То:			
			_		D	ATE		А	MOUNT		
Full Name of Contributor					МО	DAY	YEAR				
Mailing Address								\$	0.00		
City	State	Zi	p Code (Plus	4)							
Employer Name	•				Occupa	tion	•	•			
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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		
Keller, Mark	From:	<u>1/1/2008</u> To:	10/20/2008
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	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	:e		Reporting	g Period			
			From:			То:	
				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	me of Filing Committee or Candidate				Re	porting	Period				
					Fro	From:			То:		
							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 C	ame 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)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL				
Enter Grand Total of Expen	altures on Page 1, Re	port Cover Page, Item D	, .			\$	0.00				