Campaign Finance Report

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

												_			_				
Filer Identificati Number :	on	8015	5				port ed B		CAN	IDII	DATE	\	co	MMITTEE		LOBE	BYIST		
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		Kell	ler, I	Mark											
Street Address:																			
City:									State	1				Zip Code	e:				
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDMENT Yes No REPORT?					\
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA ELECT		POST- 6. TERMINATION Yes REPORT?					No	•	\		
report type)	ANNUAL	. REPORT	7. X	Year 2008					IG MET					PAPER		\checkmark	DISKE	TTE	
Name of Office S	Cought by	, Candidat	e:						DATE	0	DF ELECTION District Office Number Code						ty Code	Coun	
									МО		DAY	Y	EAR	86	STH	REP		50	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		4	2008		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		s and	МО	DAY	YEAR	2			МО		DAY	Y	'EAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	800	Т	0		12	3	31	2008						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$					0.00						
B. Total Monet	ary Contr	ibutions A	and Rec	eipts (From	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	dule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00		'				
					AFF	ID	AVI	T SE	CTIO	Ν									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	didate	e re	port, c	and	idate sig	ın here.					
I swear (or affirm) correct and comple		report, incli	uding the	attached scl	hedule	s file	d on	paper (or by el	ectr	onic me	ediun	n, are to t	he best of	my know	ledge	and beli	ef , trı	ue.
Sworn to and subs	cribed bef day of	ore me this		20									Signature	of Person	Submitti	ng Rep	ort		_
	_	Signatur	·e					- -						Printe	ed Name				_
My Commission Ex	pires							_		-				Email					
		МО	D	AY	YR						Are	ea Co	de	Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	commi	ittee ha	s no	ot violat	ted a	ny provisi	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		re me this											Si	ignature of	Candida	te			-
	day of —							-						Printed	Name				-
		Signature						-											_
My Commission Exp														Email					
	_	МО	D	AY	YR	1		-			Area	Code	1	Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Keller, Mark	From:	1/1/200	<u>8</u> To:	12/31/2008
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

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				Period			
		F	rom:		То	ŧ	
		•		DATE			AMOUNT
Full Name of Contributing Committee	2		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

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.

(Exclu	de contributions fron	n political comm	itte	es re _l	oortea	in Part	A)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
From: To:							o :	
		1			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4)						
	•	•			•	•		PAGE TOTAL

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

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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 Ca	ne of Filing Committee or Candidate					Reporting Period					
			From:			То:					
				DA	TE		A	MOUNT			
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00			
Mailing Address							*	0.00			
City	State	Zip Code	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C o	n Schedule I, Detailed	d 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 Candidate	me of Filing Committee or Candidate				riod						
	Fr						From: To:				
				D	ATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00			
Mailing Address							7				
City	State	Zip Code (Plus	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 Sche	dule I, Detailed Su	ımmary Page,	Section	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	or Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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		
Keller, Mark	From:	<u>1/1/2008</u> To:	12/31/2008
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	Name of Filing Committee or Candidate Ro					Reporting Period				
	F					To	То:			
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	C	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 Sum	mary 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	Name of Filing Committee or Candidate					Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name 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 Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Lines Grand Total Of Expenditures of	ni rage 1, kepoit C	over rage, Item L	, .			\$	0.00