

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2016 DEC 12 AM 8:40
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

KEYSTONE COMMONSENSE PAC

ADDRESS (number and street) 751 Glen St

(Check if address is changed)

WASHINGTON PA 15301- CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) daryl.wprince@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 12/08/2016

3. FEC IDENTIFICATION NUMBER C00628396

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Johnson

Signature of Treasurer *Robert Johnson* Date 12/08/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

NOTATION INFORMATION

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

NON-FEDERAL ORGANIZATION

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DARYL PRICE

Mailing Address

751 GLENN ST

[Empty grid lines for address]

WASHINGTON PA 15301

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number 724-413-3138

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Robert JOHNSON

Mailing Address

5337 BRICHTWOOD DR

[Empty grid lines for address]

Bethel PARK PA 15102

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 412-848-5900

2009-02-02 10:00 AM

Full Name of Designated Agent

DARYL PRICE

Mailing Address

751 GLENN ST

[Empty address line]

WASHINGTON

PA

15301

CITY

STATE

ZIP CODE

Title or Position

CHAIRMAN

Telephone number

724-413-3138

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMMUNITY BANK

Mailing Address

PO BOX 357

[Empty address line]

CARMI CHAELES

PA

15320

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty bank name line]

Mailing Address

[Empty address line]

[Empty address line]

[Empty city line]

[Empty state line]

[Empty zip code line]

CITY

STATE

ZIP CODE

2016-12-01 12:00:00

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PRIORITY MAIL EXPRESS™

BEST SERVICE IN THE U.S.

INTERNATIONALLY,
DECLARATION
MAY BE REQUIRED.



2013 OD: 12.5 x 9.5



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CUSTOMER USE ONLY

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*Dan...
716...*

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
 - Sunday/Holiday Delivery Required (additional fee, where available)
 - 10:30 AM Delivery Required (additional fee, where available)
- *Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT)

*Fred...
2016*

PHONE ()

ZIP + 4® (U.S. ADDRESSES ONLY)

20463

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\$100.00 insurance included.

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15301
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NATIONAL USE

PRIORITY MAIL EXPRESS™



ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military Postage	<input type="checkbox"/> DPO
PO ZIP Code <i>15201</i>	Scheduled Delivery Date (MM/DD/YYYY) <i>10/10/16</i>	Insurance Fee \$ <i>32.75</i>	COD Fee \$
Date Accepted (MM/DD/YYYY) <i>10/10/16</i>	Scheduled Delivery Time <input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	Return Receipt Fee \$	Live Arrival Transportation Fee \$
Time Accepted <i>11:05</i>	<input type="checkbox"/> 12 NOON <input type="checkbox"/> 10:30 AM Delivery Fee	Live Arrival Transportation Fee \$	Live Arrival Transportation Fee \$
Weight lbs. ozs.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ <i>32.95</i>	

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2016 DEC 1 AM 8:40

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

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