

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Keystone America PAC

**A.**

Full Name (Last, First, Middle Initial) Biyi K. Oyefule		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">12 / 12 / 2008</span>
Mailing Address 8522 Lyons Place		<b>Transaction ID:</b> C1754848
City Philadelphia	State PA	Zip Code 19153
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span>
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span>	

**B.**

Full Name (Last, First, Middle Initial) Saul Ewing, LLP		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">12 / 30 / 2008</span>
Mailing Address Centre Square West, 38th Floor 1500 Market Street		<b>Transaction ID:</b> C1760505
City Philadelphia	State PA	Zip Code 19102
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span>	<b>PARTNERSHIP</b> --partners below if itemized

**C.**

Full Name (Last, First, Middle Initial) William W. Warren, Jr.		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">12 / 30 / 2008</span>
Mailing Address 2311 Briarcliff Road		<b>Transaction ID:</b> C1764818
City Harrisburg	State PA	Zip Code 17104-1445
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">53.36</span>
Name of Employer Saul Ewing LLP	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1053.36</span>	<b>[MEMO ITEM]</b> *

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">10000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">25000.00</span>