

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Keystone Alliance Political Action Committee

ADDRESS (number and street) PO Box 3883
 Check if different than previously reported. (ACC)
Philadelphia PA 19146

2. **FEC IDENTIFICATION NUMBER** C00432096
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Aaron Cohen
Signature of Treasurer Electronically Filed by Aaron Cohen Date 08 19 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Keystone Alliance Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		146211.84
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	146211.84									
(c) Total Receipts (from Line 19)	59000.00	59000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	205211.84	205211.84								
7. Total Disbursements (from Line 31)	68979.16	68979.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	136232.68	136232.68								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Keystone Alliance Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	53000.00	53000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53000.00	53000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	59000.00	59000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59000.00	59000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59000.00	59000.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	36979.16	36979.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	36979.16	36979.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	32000.00	32000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	68979.16	68979.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68979.16	68979.16

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	59000.00	59000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59000.00	59000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36979.16	36979.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36979.16	36979.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

A.	Full Name (Last, First, Middle Initial) Donald R. Caldwell		Date of Receipt
	Mailing Address 531 N. Rose Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 05 / 2010
	City	State	Zip Code
	Haverford	PA	19041-1924
	FEC ID number of contributing federal political committee. C		Transaction ID: A718BDAFFC65840A69BE
Name of Employer Cross Atlantic Capital Partner		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Robert Asher		Date of Receipt
	Mailing Address PO Box 305 1307 Township Line		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 19 / 2010
	City	State	Zip Code
	Gwynedd Valley	PA	19437
	FEC ID number of contributing federal political committee. C		Transaction ID: AB556199FE0AB40E2ADF
Name of Employer Asher's Chocolates		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) James E. McErlane		Date of Receipt
	Mailing Address P.O. box 565		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 19 / 2010
	City	State	Zip Code
	West Chester	PA	19381-0565
	FEC ID number of contributing federal political committee. C		Transaction ID: A3DF3FEC7E4BD4E9EBBD
Name of Employer McErlane & Frank		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 15000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Joyce Asher

Mailing Address PO Box 305

City State Zip Code
Gwynedd Valley PA 19437-0305

FEC ID number of contributing federal political committee. **C**

Name of Employer Na Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: A9E1E2CC4C86548F5B90

Amount of Each Receipt this Period
5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Robert Keith

Mailing Address 975 Garrett Mill Rd

City State Zip Code
Newtown Square PA 19073

FEC ID number of contributing federal political committee. **C**

Name of Employer TI Ventures Occupation Venture Capitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2010

Transaction ID: AFDEB249D4F8E4D9BBFE

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Peter R. Barsz

Mailing Address 1023 Bent Rd

City State Zip Code
Media PA 19063-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer Merves Amon & Barsz Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2010

Transaction ID: A6705557EC3104CCC8B2

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

A. Full Name (Last, First, Middle Initial)
Joseph McLaughlin
 Mailing Address 60 Indian Spring Rd
 City State Zip Code
Media PA 19063-1818
 Transaction ID: A403ED1600D1F48E89FA
 Amount of Each Receipt this Period
500.00
 Contribution
 Name of Employer Occupation
Haverford Trust Company Chief Executive Officer
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Manuel Stamatkis
 Mailing Address PO Box 878
 City State Zip Code
Valley Forge PA 19482
 Transaction ID: AC6725A420A144515BDA
 Amount of Each Receipt this Period
5000.00
 Contribution
 Name of Employer Occupation
Capital Management Ceo
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
Anthony Holmes
 Mailing Address 1120 Gypsy Hill Rd
Po Box 722
 City State Zip Code
Gwynedd Valley PA 19437
 Transaction ID: A60FDA2B6310B4E9CBC3
 Amount of Each Receipt this Period
500.00
 Contribution
 Name of Employer Occupation
Tony Holmes Companies Design - Builder
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<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 Alliance Political Action Committee

A.	Full Name (Last, First, Middle Initial) Sandra Schultz Newman	Date of Receipt MM / DD / YYYY 02 / 03 / 2010
	Mailing Address 1120 Ginko Ln	Transaction ID: A384D357E85DF4830AAE
	City State Zip Code Gladwyne PA 19035	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Self Occupation Lawyer & Pa Supreme Court Just	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Peter Depaul	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 1750 Walton Rd	Transaction ID: A69CAC10BA5864670A0B
	City State Zip Code Blue Bell PA 19422	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Uknown Occupation Uknown	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

C.	Full Name (Last, First, Middle Initial) Matthew Kirk	Date of Receipt MM / DD / YYYY 03 / 02 / 2010
	Mailing Address 1254 Belle Meade Dr	Transaction ID: AC660BCA0914843B5B95
	City State Zip Code Lancaster PA 17601-5068	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Access Financial Markets Occupation Financial Advisor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

A.	Full Name (Last, First, Middle Initial) Thomas A. Caramanico		Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 848 Buck Ln		Transaction ID: A641885BFCA8B4938AB6
	City Haverford	State PA	Zip Code 19041-1204
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
	Name of Employer McCormick Taylor	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Theodore Foglietta		Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 156 Charles Dr		Transaction ID: A6252724571A94B5281E
	City Havertown	State PA	Zip Code 19083
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer McCormick Taylor	Occupation Associate	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Glenn Becker		Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1717 Arch St Suite 3810		Transaction ID: A14E89A1582E0401BA4E
	City Philadelphia	State PA	Zip Code 19103-2761
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
	Name of Employer The Swarthmore Group	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

A. Full Name (Last, First, Middle Initial)
Barbara Becker

Mailing Address PO Box 675

City State Zip Code
Gwynedd Valley PA 19437-0675

FEC ID number of contributing federal political committee. **C**

Name of Employer Na Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: AF6D1E40616134660A05

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
R. Shields

Mailing Address 1436 S. Prairie Ave
Unit G

City State Zip Code
Chicago IL 60605

FEC ID number of contributing federal political committee. **C**

Name of Employer Morgan Stanely Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2010

Transaction ID: A57E5B4D38E9A4513B1E

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

TOTAL This Period (last page this line number only) ► **53000.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 24
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Alliance Political Action Committee

A. Full Name (Last, First, Middle Initial)
Exelon Corporation Political Action Comm

Mailing Address 10 SOUTH DEARBORN

City State Zip Code
CHICAGO IL 60603

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: A14F559CDC4BC43809F0

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Duane Morris Llp Government Committee Fe

Mailing Address 205 Northbrook Rd

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: A16234DC331E94F47A12

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Rob 4 Congress

Mailing Address PO Box 1124

City State Zip Code
Doylestown PA 18901

FEC ID number of contributing federal political committee. **C** C00468496

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2010

Transaction ID: AE48BA6CB6ABB466687F

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 24
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Alliance Political Action Committee

A.	Full Name (Last, First, Middle Initial) Exelon Corporation Political Action Comm		Date of Receipt
	Mailing Address 10 SOUTH DEARBORN		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	CHICAGO	IL	60603
	FEC ID number of contributing federal political committee.		Transaction ID: A5C385B8F67EC47758E7
<input type="text" value="C"/> C00141218		Amount of Each Receipt this Period	
Name of Employer		Occupation	<input type="text" value="2500.00"/>
Receipt For:		Contribution	
<input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="3000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="6000.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Union League</p> <p>Mailing Address 140 South Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meetin Exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: B02BE7FB77B334E6DABD</p> <p>Date of Disbursement 01 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 239.33</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Arena Strategies, LLC.</p> <p>Mailing Address 769 S. 17th Street</p> <p>City Philadelphia State PA Zip Code 19146</p> <p>Purpose of Disbursement Consulting- fundraising, management, reporting, admin. functions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: B99BB8C30A98F42918C5</p> <p>Date of Disbursement 01 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2560.00</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Union League</p> <p>Mailing Address 140 South Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meeting Exp- Cafe Meredith</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: BC09F4D3BF16E4829B66</p> <p>Date of Disbursement 01 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 679.49</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3478.82

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Union League</p> <p>Mailing Address 140 South Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meeting Exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB61949D2786B441EA12</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="177.04"/></p>
<p>B. Full Name (Last, First, Middle Initial) Union League</p> <p>Mailing Address 140 South Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meeting Exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B03D13E95EACF4F29947</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="155.15"/></p>
<p>C. Full Name (Last, First, Middle Initial) Union League</p> <p>Mailing Address 140 South Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meeting Exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0A36119A90CE4BEDAA0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="201.83"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="534.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Union League</p> <p>Mailing Address 140 South Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meeting Exp- Cafe Meredith</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3909F23048F94A66956</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.40"/></p>
<p>B. Full Name (Last, First, Middle Initial) Union League</p> <p>Mailing Address 140 South Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meeting Exp- Cafe Meredith</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0F856BBC6E044F2D9DC</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="679.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Liberty Printing</p> <p>Mailing Address 1500 Industry Rd. Building S</p> <p>City Hatfield State PA Zip Code 19440</p> <p>Purpose of Disbursement Printing Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B56DDF460829248B8A69</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="503.50"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

A. Full Name (Last, First, Middle Initial) MervesAmon & Barsz, LLC <hr/> Mailing Address 50 S. Providence Road <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Accounting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5B4DB2AD6AA4460B8FE Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1890.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mainland Inn <hr/> Mailing Address 17 Main Street <hr/> City Mainland State PA Zip Code 19451 <hr/> Purpose of Disbursement Meeting Exp. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA2371D57B30A4CC8A56 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 84.90
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Union League <hr/> Mailing Address 140 South Broad Street <hr/> City Philadelphia State PA Zip Code 19102 <hr/> Purpose of Disbursement Meeting Exp. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B11231336F4754A978D7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 264.60
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2239.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Arena Strategies, LLC.</p> <p>Mailing Address 769 S. 17th Street</p> <p>City Philadelphia State PA Zip Code 19146</p> <p>Purpose of Disbursement Consulting- management, reporting, admin. functions, fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2FAF5CAF4C1449E192D</p> <p>Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2520.00</p>
<p>B. Full Name (Last, First, Middle Initial) Db Associates</p> <p>Mailing Address 80 Wambold Road</p> <p>City Souderton State PA Zip Code 18964</p> <p>Purpose of Disbursement Consulting- administrative support, fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6ED05DE99D0E4EFB955</p> <p>Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Union League</p> <p>Mailing Address 140 South Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meeting Exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD30E09528BC64C5A9DB</p> <p>Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 604.80</p>

SUBTOTAL of Disbursements This Page (optional) **3624.80**

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Fitzpatrick For Congress</p> <p>Mailing Address PO Box 185</p> <p>City Langhorne State PA Zip Code 19047</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael G. Fitzpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B552F18C966CD49FA811</p> <p>Date of Disbursement 02 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Zias Trattoria And Restaurant</p> <p>Mailing Address 110 North Second St.</p> <p>City Harrisburg State PA Zip Code 17102</p> <p>Purpose of Disbursement Meeting Exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4A77CDFCDB524324A96</p> <p>Date of Disbursement 02 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 289.64</p>
<p>C. Full Name (Last, First, Middle Initial) Harrisburg Hilton</p> <p>Mailing Address One North SEcond Street</p> <p>City Harrisburg State PA Zip Code 17101</p> <p>Purpose of Disbursement Meeting Exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B94F5C45328784681BEA</p> <p>Date of Disbursement 02 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 334.92</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5624.56

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Cozen Oconnor Political Action Committee</p> <p>Mailing Address 1900 Market St</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFEF2264ACB2047D98E2</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Blue Bell Inn</p> <p>Mailing Address 601 Skippack Pike</p> <p>City Blue Bell State PA Zip Code 19422</p> <p>Purpose of Disbursement Meeting Exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDB77B31FCD8B4A5CA4E</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1575.39"/></p>
<p>C. Full Name (Last, First, Middle Initial) Arena Strategies, LLC.</p> <p>Mailing Address 769 S. 17th Street</p> <p>City Philadelphia State PA Zip Code 19146</p> <p>Purpose of Disbursement Consulting- management, reporting, admin. functions, fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDF28A2C955734FF485C</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2520.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7095.39"/>
TOTAL This Period (last page this line number only)	<input type="text" value="36479.99"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Friends Of John McCain</p> <p>Mailing Address PO BOX 16118</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name Sen. John McCain</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB5E43AB80CC64A37B6A</p> <p>Date of Disbursement 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Republican Jewish Coalition</p> <p>Mailing Address 50 F Street NW Ste 1000</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB8274AB0ABCA468384F</p> <p>Date of Disbursement 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Fitzpatrick For Congress</p> <p>Mailing Address PO Box 185</p> <p>City Langhorne State PA Zip Code 19047</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name Rep. Michael G. Fitzpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3C4C0AF7514B4DE1B3B</p> <p>Date of Disbursement 02 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

A. Full Name (Last, First, Middle Initial) Hellberg For Congress <hr/> Mailing Address 144 ROCHELLE AVE <hr/> City PHILADELPHIA State PA Zip Code 19128 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD030800A62A34CE4AC0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Argall For Congress <hr/> Mailing Address PO BOX 157 <hr/> City Pottsville State PA Zip Code 17901 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4463830407384F1AAC3 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tim Burns For Congress <hr/> Mailing Address P.O Box 4483 <hr/> City Eighty Four State PA Zip Code 15330 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special2010	Transaction ID: B2A3C98CD3A9042498D5 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special2010

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Keystone Alliance Political Action Committee

A. Full Name (Last, First, Middle Initial) Fitzpatrick For Congress <hr/> Mailing Address PO Box 185 <hr/> City Langhorne State PA Zip Code 19047 <hr/> Purpose of Disbursement Redesignate: Donation <hr/> Candidate Name Rep. Michael G. Fitzpatrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: B7C98460753C04D84B09 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period -5000.00 <hr/> [MEMO ITEM] Redesignate: Donation		
	B. Full Name (Last, First, Middle Initial) Charlie Crist For Us Senate <hr/> Mailing Address PO Box 1694 <hr/> City TALLAHASSEE State FL Zip Code 32302 <hr/> Purpose of Disbursement Donation <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: B5141FCC121F34A89810 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 5000.00	
		C. Full Name (Last, First, Middle Initial) BILL PAC <hr/> Mailing Address 228 S. Washington St. Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Donation <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: B8D99E9A7D8F14403855 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

32000.00