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01/31/2024 17 : 58

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STATEMENT OF ORGANIZATION

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Keystone America	PAC			
	DO Dov 50740			
ADDRESS (number and street)	PO Box 58746			
 (Check if address is changed) 				
is changed)	Philadelphia			9102
			STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS			
 (Check if address is changed) 	casey@mbacg.com			
	Optional Second E-Mail	Address		
 (Check if address is changed) 2. DATE 01 	https://bobcasey.com/			
3. FEC IDENTIFICATION NU	JMBER ► C	C00439992		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	his Statement and to the be	est of my knowledge and belief	f it is true, correct ar	nd complete.
Type or Print Name of Treasure	r Campbell, Douglas, , ,			
Signature of Treasurer Cam	pbell, Douglas, , ,		Date 01	/ D D / Y Y Y Y 31 2024
NOTE: Submission of false, errone		on may subject the person signin MATION SHOULD BE REPORTE		e penalties of 52 U.S.C. §3010
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	n contact:	FEC FORM 1 (Revised 06/2012)

FE	EC Form 1 (Revised 03/2022)		Page 2
5.	TYPE OF COMMITTEE:		
	Candidate Committee:		
	(a) This committee is a prine	cipal campaign committee. (Complete the candidate inform	ation below.)
	(b) This committee is an aut information below.)	thorized committee, and is NOT a principal campaign com	mittee. (Complete the candidate
	Name of Candidate		
	Candidate	Office	State
	Party Affiliation	Sought: House Senate	President
	(c) This committee supports	opposes only one candidate, and is NOT an authorized c	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 sepa	arate segregated fund. (Identify connected organization on	line 6.) Its connected organization is a:
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organi	ization Trade Association	Cooperative
	In addition, this	s committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports committee. (i.e., nonconn	/opposes more than one Federal candidate, and is NOT a nected committee)	separate segregated fund or party
	In addition, this	s committee is a Lobbyist/Registrant PAC.	
	imes In addition, this	s committee is a Leadership PAC. (Identify sponsor on line	9 6.)
	(g) This committee is an ind	lependent expenditure-only political committee (Super PAC)).
	In addition, this	s committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a polit	tical committee with both contribution and non-contribution	accounts (Hybrid PAC).

Joint Fundraising Representative:

(i) 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.
 (j) 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

 a.
 b.
 c.
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 c.

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

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V	Vrite or Type Committee Name		
	Keystone Americ	a PAC	
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
	Casey, Robert, , , Jr.		
	Mailing Address	PO Box 58746	
		Philadelphia	A 19102
		CITY A STAT	TE A ZIP CODE A
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Rep	resentative X 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.

Lee, Laure	n, Decot, ,		1
Full Name			
Mailing Address	611 Pennsylvania Ave SE, #143		
	Washington	DC 20003	
	CITY A	STATE 🔺	ZIP CODE
Title or Position ▼			
Assistant Treasurer	Telephone nu	ımber	

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	Campbell, Douglas, , ,
Mailing Address	PO Box 58746
	Philadelphia PA 19102
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	0221 0221 0221 0221

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Full Name of Designated Agent	Lee, Lauren, Decot, ,
Mailing Address	611 Pennsylvania Ave SE, #143
	Washington DC 20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant Treasure	r Telephone number

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.

	ank		
Mailing Address	1600 Market Street		
	Philadelphia	PA 19103	
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
	amated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY 🔺	STATE A	ZIP CODE

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name of Any Connecte	d Organization, Affi	liated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Casey Keystone Vid	tory Fund			
Mailing Address	PO Box 58746			
	Philadelphia		PA	19102
Relationship:	<u> </u>			
	ed Organization	CITY A Affiliated Committee X Join s (phone number – optional)	t Fundraising Representa	ative Leadership PAC Spons
Connect		Affiliated Committee X Join		ative Leadership PAC Spons
Connect		Affiliated Committee X Join		ative Leadership PAC Spons
Connect Connect Designated Agent: Ident Full Name		Affiliated Committee X Join		ative Leadership PAC Spons
Connect Connect Designated Agent: Ident Full Name		Affiliated Committee X Join		ative Leadership PAC Spons
Connect	ify by name, address	Affiliated Committee X Join		ative Leadership PAC Spons
Connect Connec	ify by name, address	Affiliated Committee	t Fundraising Representa	

FEC Form 1S (Revised 02/2017)

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	
2.			FEC ID number C	
3.			FEC ID number C	
4.			FEC ID number	
	RI Victory Fund	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Leadership PAC Spons	sor
	Mailing Address	600 Pennsylvania Ave SE		
		#15180		
		Washington		
	Relationship:		STATE A ZIP CODE A	
	Connected	Organization	undraising Representative	onsor
8. Desig	nated Agent: Identify	by name, address (phone number - optional)		
	ull Name	by name, address (phone number – optional)		
Fu		by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name <u> </u>			
Fu	ull Name			
Fu	ull Name <u> </u>			
Ft M 1 9. Bank s	ull Name		phone Number	
Fu M 9. Banks safety Name	ull Name		phone Number	
Fu M 9. Banks safety Name	Address		phone Number	
Fu M 9. Banks safety Name	Address		phone Number	
Fu M 9. Banks safety Name	Address		phone Number	