Image# 1093030	8065
----------------	------

FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in t	ull) (Check if name Example: If typying, type over the lines	12FE4M5
ADDRESS (number and s	treet)	· · · · · · · · · · · · · · · · · · ·
(Check if address is changed)	Yardley	PA 19067 _
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI (Check if address is changed)	_ ADDRESS (Please provide only one e-mail address) _ keystoneleadershippac@gmail.com	<u> </u>
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
 DATE 0.2 FEC IDENTIFICA 	/ D D / Y Y Y / 01 / 2010 TION NUMBER C C00412254	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	TreasurerMichael Conallen	I complete
Signature of Treasurer	Electronically Filed by Michael Conallen	Date 02 / 01 / 2010
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information co Federal Election Commissis Toll Free 800-424-9530 Local 202-694-1100	

Image# 10930308066

3.

	I	FEC F	Form 1 (Revised 02/2009)	Page 2
5.	TYPE	OF CO	DMMITTEE (Check One)	
	Cand	idate C	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 th information below.)	ne candidate
	Name Candi			
	Candi Party	idate Affiliati	on Office Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm	littee:	
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politi	cal Act	ion Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
			Corporation Corporation w/o Capital Stock Lat	oor Organization
				operative
	(f)	x	In addition, this committee is a Lobbyist/Registrant PAC. 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 F	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Com	mittees Participating in Joint Fundraiser	
			1 FEC ID number C	
			2 FEC ID number	
			3. FEC ID number C	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

NONE			
Mailing Address			
-	1		
			-
	CITY		
Relationship:		UTAL A	
Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Spons
Mailing Address			
Mailing Address			
Mailing Address Title or Position ▼			
Title or Position ♥ Treasurer: List the name name and address of any Full Name	CITY A and address (phone number optior designated agent (e.g., assistant tree	Telephone number	
Title or Position ♥ Treasurer: List the name name and address of any Full Name Michor	and address (phone number optior designated agent (e.g., assistant tre	Telephone number	
Title or Position ♥ Treasurer: List the name name and address of any Full Name of TreasurerMichae	and address (phone number optior designated agent (e.g., assistant tre I Conallen	Telephone number	
Title or Position ♥ Treasurer: List the name name and address of any Full Name of TreasurerMichae	and address (phone number optior designated agent (e.g., assistant tre el Conallen 1017 North Elbow Lar	Telephone number	 nmittee; and the

Image# 10930308068

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A		
	Tele	ephone number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	committee deposits funds, ho	lds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. residential Bank		1
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. residential Bank		1
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. esidential Bank 4520 East West Highway Bethesda		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. 4520 East West Highway ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	· · · · · · · · · · · · · · · · · · ·	 20814 L
safety deposit boxes or m Name of Bank, Depositor Pr Mailing Address	naintains funds. y, etc. 4520 East West Highway ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	· · · · · · · · · · · · · · · · · · ·	 20814 L
safety deposit boxes or m Name of Bank, Depositor Pr Mailing Address	naintains funds. y, etc. 4520 East West Highway ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		 20814 L
safety deposit boxes or m Name of Bank, Depositor Mailing Address Name of Bank, Depositor	naintains funds. y, etc. 4520 East West Highway 4520 East West Highway Bethesda CITY ▲ y, etc.		
safety deposit boxes or m Name of Bank, Depositor Mailing Address Name of Bank, Depositor	naintains funds. y, etc. 4520 East West Highway 4520 East West Highway Bethesda CITY ▲ y, etc.		