

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED. SECRETARY OF THE SENATE 06 SEP 28 PM 1:21

Office Use Only

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

12FE4M5

Keystone Senate 2006

ADDRESS (number and street)

120 Maryland Avenue, NE

(Check if address is changed)

Washington

DC

20002

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-485-3120

2. DATE

09 / 27 / 2006

3. FEC IDENTIFICATION NUMBER

CC00427310

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

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 Chris Koob

Signature of Treasurer

Date

09 / 27 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

RECEIVED FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION 2006 OCT -5 P 3 0

26039194203

5. TYPE OF COMMITTEE (Check One)

- (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

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (e) This committee is a separate segregated fund.

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

6. Name of Any Connected Organization or Affiliated Committee

Democratic, Senatorial, Campaign, Committee

Mailing Address

123 Maryland Avenue, NE

Washington DC 20002

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundraising Participant

Type of Connected Organization:

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

26039194204

5. TYPE OF COMMITTEE (Check One)

- (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

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (e) This committee is a separate segregated fund.

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

6. Name of Any Connected Organization or Affiliated Committee

Bob Casey for Pennsylvania Committee _____

Mailing Address R.O. Box 22469 _____

Philadelphia PA 19110 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant _____

Type of Connected Organization:

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

28039184205

5. TYPE OF COMMITTEE (Check One)

- (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

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (e) This committee is a separate segregated fund.

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

6. Name of Any Connected Organization or Affiliated Committee

The Pennsylvania Democratic Party _____

Mailing Address 300 North Second St. _____

Harrisburg PA 17101- _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising Participant _____

Type of Connected Organization:

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

26039194206

Write or Type Committee Name

Keystone Senate 2006

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 | Chris Koob |

Mailing Address | 120 Maryland Avenue, NE |

| Washington | | DC | | 20002 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Treasurer | Telephone number | 202 | - | 224 | - | 2447 |

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 | Chris Koob |

Mailing Address | 120 Maryland Avenue, NE |

| Washington | | DC | | 20002 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Treasurer | Telephone number | 202 | - | 224 | - | 2447 |

Full Name of Designated Agent | Darlene Setter |

Mailing Address | 120 Maryland Avenue, NE |

| Washington | | DC | | 20002 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Assistant, Treasurer | Telephone number | 202 | - | 224 | - | 2447 |

26039184207

Write or Type Committee Name

Keystone Senate 2006

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 _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

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 _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

Full Name of Designated Agent | Kathy, H. Chan _____

Mailing Address | P.O. Box 22469 _____

 | Philadelphia | PA | 19110 | _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Assistant Treasurer _____ Telephone number | 215 | - | 557 | - | 6406 _____

26039194208

Write or Type Committee Name

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent Mary Isenhour

Mailing Address 300 North Second Street

Harrisburg PA 17101

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 717-920-8470

26039194209

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.

Bank of America

Mailing Address

730 - 15th Street, NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039194210

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

26039194211

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9/28/06
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input checked="" type="checkbox"/> Received from Senate Public Records Office	Date of Receipt 10/5/06
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Sei
 PREPARER
 (3/2005)

10/5/06
 DATE PREPARED