

# 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 (12S)  
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 07 01 2009 through 12 31 2009

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 03 31 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		139985.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	182978.54									
(c) Total Receipts (from Line 19) .....	13368.00	154268.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	196346.54	294253.06								
7. Total Disbursements (from Line 31) .....	50134.70	148041.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	146211.84	146211.84								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Keystone Alliance Political Action Committee

Report Covering the Period: From:    To:

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) .....	6500.00	133950.00
(ii) Unitemized .....	0.00	450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6500.00	134400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5500.00	18500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12000.00	152900.00
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 .....	1368.00	1368.00
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)) .....	13368.00	154268.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13368.00	154268.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	20034.70	97941.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20034.70	97941.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	20000.00
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 .....	5000.00	5000.00
(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)) .....	5000.00	5000.00
29. Other Disbursements.....	15100.00	25100.00
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))..	50134.70	148041.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50134.70	148041.22

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	12000.00	152900.00
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7000.00	147900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20034.70	97941.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20034.70	97941.22

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

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

FOR LINE NUMBER: PAGE 6 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Evan Bash

Mailing Address One Medical Center Blvd.

City Upland State PA Zip Code 19013

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

Name of Employer Crozer Chester Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 29 / 2009  
**Transaction ID: SA11AI.5185**  
 Amount of Each Receipt this Period 430.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Lynne Giammattei

Mailing Address Woodbrook Lane

City Swarthmore State PA Zip Code 19081

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

Name of Employer Crozer Chester Occupation Physical Therapist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 29 / 2009  
**Transaction ID: SA11AI.5179**  
 Amount of Each Receipt this Period 430.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Charles Hummer, III

Mailing Address One Medical Center Blvd.

City Upland State PA Zip Code 19013

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

Name of Employer Crozer Chester Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 29 / 2009  
**Transaction ID: SA11AI.5189**  
 Amount of Each Receipt this Period 430.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1290.00

**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 7 / 19  
(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 Alliance Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Lotsis

Mailing Address 94 Green St.

City State Zip Code  
Woodbridge NJ 07095

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Twinboro Physical Therapy Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 29 / 2009

**Transaction ID:** SA11AI.5193

Amount of Each Receipt this Period 1500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sandra Lutz

Mailing Address 2 W. Baltimore Pike

City State Zip Code  
Media PA 19063

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Elko & Assoc Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 29 / 2009

**Transaction ID:** SA11AI.5181

Amount of Each Receipt this Period 430.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
James Thomas McGlynn

Mailing Address One Medical Center Blvd.

City State Zip Code  
Upland PA 19013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Crozer Chester Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 29 / 2009

**Transaction ID:** SA11AI.5183

Amount of Each Receipt this Period 430.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 2360.00

**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 / 19  
(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 Alliance Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) James Nevels		Date of Receipt MM / DD / YYYY 07 / 01 / 2009
Mailing Address 1717 Arch Street Suite 3810		Transaction ID: SA11AI.5173
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 490.00
Name of Employer The Swarthmore Group	Occupation Chairman	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

**B.**

Full Name (Last, First, Middle Initial) James Nolen		Date of Receipt MM / DD / YYYY 07 / 01 / 2009
Mailing Address 2400 White Horse Rd		Transaction ID: SA11AI.5138
City Berwyn	State PA	Zip Code 19312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer President	Occupation	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) Arthur Taylor		Date of Receipt MM / DD / YYYY 08 / 20 / 2009
Mailing Address 3731 Devonshire Rd		Transaction ID: SA11AI.5175
City Allentown	State PA	Zip Code 18103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1990.00
<b>TOTAL</b> 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 9 / 19
	(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 Alliance Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Ryan Wolfe		Date of Receipt
	Mailing Address One Medical Center Blvd		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Upland	PA	19013
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Crozer Chester		Occupation Physician	Transaction ID: SA11AI.5187 Amount of Each Receipt this Period <input type="text" value="430.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="430.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Zurbach		Date of Receipt
	Mailing Address One Medical Center Blvd.		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Upland	PA	19013
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Crozer Chester		Occupation Physician	Transaction ID: SA11AI.5191 Amount of Each Receipt this Period <input type="text" value="430.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="430.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="860.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="6500.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) INDEPENDENCE BLUE CROSS PAC (IBC PAC)		Date of Receipt
	Mailing Address 1901 Market Street		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Philadelphia	PA	19103
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA11C.5142
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1500.00"/>	Contribution
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Pennsylvania Future Fund		Date of Receipt
	Mailing Address PO Box 5028		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Harrisburg	PA	17110
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: SA11C.5139
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	Contribution
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5500.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 19	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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) Idearch Media Corp		Date of Receipt																				
Mailing Address 220 W. Airfield Drive PO Box 619810		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	9		2	0	0	9													
City	State	Zip Code																				
DFW Airport	TX	75261																				
FEC ID number of contributing federal political committee.		Transaction ID: SA16.5164																				
C		Amount of Each Receipt this Period																				
		1368.00																				
Name of Employer	Occupation	Refund of from Services																				
Receipt For: 2009	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1368.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1368.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1368.00

**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)

<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) Arena Strategies, LL	Transaction ID: SB21B.5143 Date of Disbursement 07 / 29 / 2009
	Mailing Address 769 S. 17th Street	Amount of Each Disbursement this Period 2520.00
	City Philadelphia State PA Zip Code 19146	
	Purpose of Disbursement Consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Arena Strategies, LL	Transaction ID: SB21B.5144 Date of Disbursement 09 / 02 / 2009
	Mailing Address 769 S. 17th Street	Amount of Each Disbursement this Period 2520.00
	City Philadelphia State PA Zip Code 19146	
	Purpose of Disbursement Consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Arena Strategies, LL	Transaction ID: SB21B.5145 Date of Disbursement 10 / 09 / 2009
	Mailing Address 769 S. 17th Street	Amount of Each Disbursement this Period 2520.00
	City Philadelphia State PA Zip Code 19146	
	Purpose of Disbursement Consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7560.00
<b>TOTAL</b> 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 13 / 19

<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><b>A.</b> Full Name (Last, First, Middle Initial) Arena Strategies, LL</p> <p>Mailing Address 769 S. 17th Street</p> <p>City Philadelphia State PA Zip Code 19146</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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5146</p> <p>Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Arena Strategies, LL</p> <p>Mailing Address 769 S. 17th Street</p> <p>City Philadelphia State PA Zip Code 19146</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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5147</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5199</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 149.60</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5149.60

**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)  
Crowne Plaza Valley Forge

Transaction ID: SB21B.5150  
Date of Disbursement

Mailing Address 260 Mall Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

City State Zip Code  
King of Prussia PA

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Meeting Expenses  
Candidate Name

Category/ Type
-------------------

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Harrisburg Hilton

Transaction ID: SB21B.5177  
Date of Disbursement

Mailing Address 1 North Second Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

City State Zip Code  
Harrisburg PA 17101

Amount of Each Disbursement this Period

632.29
--------

Purpose of Disbursement  
Meeting Exp  
Candidate Name

Category/ Type
-------------------

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Holiday Inn Express

Transaction ID: SB21B.5195  
Date of Disbursement

Mailing Address 1978 John Fries

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

City State Zip Code  
Quakertown PA 18951

Amount of Each Disbursement this Period

1983.80
---------

Purpose of Disbursement  
Travel Exp  
Candidate Name

Category/ Type
-------------------

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

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

3116.09
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**TOTAL** This Period (last page this line number only) .....

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**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

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Kratz <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Rodef Shalom Congregation <hr/> Mailing Address 4905 Fifth Ave <hr/> City State Zip Code Pittsburgh PA 15213 <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: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 637.50
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) The Palm Restaurant <hr/> Mailing Address 200 S. Broad Street <hr/> City State Zip Code Philadelphia PA 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: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 194.74
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1332.24
<b>TOTAL</b> 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)  
The Union League of Philadelphia

Mailing Address 140 S Broad St

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
Meeting Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.5149  
Date of Disbursement

11 / 09 / 2009

Amount of Each Disbursement this Period

2158.79

**B.** Full Name (Last, First, Middle Initial)  
The Union League of Philadelphia

Mailing Address 140 S Broad St

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
Meeting Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.5148  
Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

216.00

**C.** Full Name (Last, First, Middle Initial)  
West Conshohocken Marriot

Mailing Address 111 Crawford Avenue

City West Conshohocken State PA Zip Code 19428

Purpose of Disbursement  
Meeting Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.5151  
Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

32.61

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2407.40

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

19565.33



**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 17 / 19

<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) <b>CHARLIE DENT FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5157
	Mailing Address PO Box 442	Date of Disbursement 09 / 22 / 2009
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) <b>CHARLIE DENT FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5158
	Mailing Address PO Box 442	Date of Disbursement 10 / 12 / 2009
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>PAT MEEHAN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5155
	Mailing Address 5035 TOWNSHIP LINE ROAD PO BOX 308	Date of Disbursement 11 / 03 / 2009
	City DREXEL HILL State PA Zip Code 19026	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10000.00

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

10000.00

**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)

PAGE 18 / 19

<input 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 checked="" 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)  
Donald Caldwell

Transaction ID: SB28A.5507  
Date of Disbursement

Mailing Address 531 North Rose Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

City State Zip Code  
Haverford PA 19041

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

5000.00
---------

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

5000.00
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# 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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Heckler for DA</p> <p>Mailing Address PO Box 1024</p> <p>City Doylestown State PA Zip Code 18901</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Heckler for DA</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.5514</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) McDonnell for Governor</p> <p>Mailing Address PO Box 3402</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name McDonnell for Governor</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.5512</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Schmidt for City Controller</p> <p>Mailing Address PO Box 3272</p> <p>City Philadelphia State PA Zip Code 19130</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Schmidt for City Controller</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.5510</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>

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