FEC FORM 1		STATEME ORGANIZ			Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Keystone V	<i>'ictory</i>				
ADDRESS (number and		PO BOX 22656			
(Check if add is changed)	dress	Philadelphia		PA	19110 
			CITY	STATE	ZIP CODE
(Check if a is changed	ddress	(Please provide only one e Aubrey@PaDems.com			
COMMITTEE'S WEB	PAGE ADDR	ESS (URL)			
(Check if a is changed)					
2. DATE 04	/ D D 17	/ Y Y Y Y Y 2012			
3. FEC IDENTIFIC	ation NUM	BER C C	00470021		
4. IS THIS STATEM	ent X	NEW (N) OR	AMENDED (A)		
I certify that I have ex	amined this	Statement and to the bes	t of my knowledge and belief i	t is true, correct a	and complete.
Type or Print Name of	Treasurer	Aubrey Montgomery			
Signature of Treasurer	Aubrey Mo	ontgomery	[Electronically Filed]	Date 04	/ D = D / Y = Y = Y = Y 17 2012
NOTE: Submission of fa			may subject the person signing ON SHOULD BE REPORTED W		he penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

PAGE 1/4

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FEC FC	Page 2
TYPE OF (	COMMITTEE
Candidat	e 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 the candidate information below.)
Name of Candidate	
Candidate Party Affiliat	ion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	nmittee:
(d)	This committee is a   (National, State or subordinate) committee of the   (Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	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 Fun	draising Representative:
<sup>(g)</sup> X	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.
(h)	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.
Con	nmittees Participating in Joint Fundraiser
1.	Bob Casey for Senate, INC FEC ID number C C00431056
2.	Pennsylvania Democratic Party FEC ID number C C00167130
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## Keystone Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N				
	Mailing Address			
			PA	
		CITY	STATE	ZIP CODE
	Relationship: Conn	ected Organization Affiliated Committee Joi	nt Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: books and records.	Identify by name, address (phone number optio	nal) and position of the persor	1 in possession of committee
	Aubre	ey R Montgomery		
	Full Name			
	Mailing Address	PO BOX 22656		
		Philadelphia	PA 1	9110
	Title or Position	CITY	STATE	ZIP CODE
	Treasurer	<u>, , , , , , , , , , , , , , , , , , , </u>	elephone 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	Aubrey R Montgomery
of Treasurer	
Mailing Address	PO BOX 22656
	Philadelphia
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 215 405 0500

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	I										
Mailing Address																											
																				L							
							CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																											
											Tel	eph	ione	e ni	umt	ber											

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 1910	2
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY	STATE	ZIP CODE