

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) X

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G)
(d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2007 through 12 31 2007

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 Robert Asher

Signature of Treasurer Electronically Filed by Robert Asher Date 11 06 2008

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

Table with 7 columns and 1 row. Last cell contains 'FEC FORM 3X (Rev. 12/2004)'. Office Use Only label in first cell.

**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	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		54984.73
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	54984.73									
(c) Total Receipts (from Line 19) .....	15700.76	15700.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	70685.49	70685.49								
7. Total Disbursements (from Line 31) .....	30929.24	30929.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39756.25	39756.25								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	15250.00	15250.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	50.76	50.76
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	15300.76	15300.76
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	15300.76	15300.76
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 .....	400.00	400.00
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)) .....	15700.76	15700.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15700.76	15700.76

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	5229.24	5229.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5229.24	5229.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17400.00	17400.00
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 .....	0.00	0.00
(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)) .....	0.00	0.00
29. Other Disbursements.....	8300.00	8300.00
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))..	30929.24	30929.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30929.24	30929.24

**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 .....	15300.76	15300.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15300.76	15300.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5229.24	5229.24
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5229.24	5229.24

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15  
(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

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)  
Nancy Chestak

Mailing Address 74 Harlow Cirlice

City State Zip Code  
Lower Gwynedd PA 19002

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

Name of Employer Occupation  
Senate of Pennsylvania Legislative Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2007

Transaction ID: SA11AI.4108

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Carlene Deon

Mailing Address 1655 Carlene Ct.

City State Zip Code  
Langhorne PA 19047

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2007

Transaction ID: SA11AI.4112

Amount of Each Receipt this Period  
2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Carlene Deon

Mailing Address 1655 Carlene Ct.

City State Zip Code  
Langhorne PA 19047

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2007

Transaction ID: SA11AI.4116

Amount of Each Receipt this Period  
2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5250.00**

**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: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Pasquale Deon		Date of Receipt
	Mailing Address 1655 Carlene Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Langhorne	PA	19047
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4110
Name of Employer Progressive Management, Inc.		Occupation Business Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Pasquale Deon		Date of Receipt
	Mailing Address 1655 Carlene Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Langhorne	PA	19047
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4115
Name of Employer Progressive Management, Inc.		Occupation Business Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) William R. Sasso		Date of Receipt
	Mailing Address 1004 Loriene Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Gwynedd Valley	PA	19437
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4117
Name of Employer STRADELY RONAN STEVENS & YOUN		Occupation Lawyer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 15250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 15
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) The Union League of Philadelphia		Date of Receipt
	Mailing Address 140 S Broad St		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Philadelphia	PA	19102
	FEC ID number of contributing federal political committee.		Transaction ID: SA16.4183
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	
refund/Tim Murphy for Congress			
Receipt For: 2008		Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<input type="text" value="400.00"/>



**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) Sara Holcombe	Transaction ID: SB21B.4160 Date of Disbursement
	Mailing Address 113 Cricket Ave	<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City Ardmore State PA Zip Code 19003	Amount of Each Disbursement this Period
	Purpose of Disbursement Professional Fees Candidate Name	<input type="text" value="1290.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Sara Holcombe	Transaction ID: SB21B.4164 Date of Disbursement
	Mailing Address 113 Cricket Ave	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Ardmore State PA Zip Code 19003	Amount of Each Disbursement this Period
	Purpose of Disbursement Professional Fees Candidate Name	<input type="text" value="1290.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Phoenix Strategy Group	Transaction ID: SB21B.4163 Date of Disbursement
	Mailing Address 2519 W. Rockspray Road	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City Jamison State PA Zip Code 18929	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3080.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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) Phoenix Strategy Group	Transaction ID: SB21B.4165 Date of Disbursement
	Mailing Address 2519 W. Rockspray Road	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Jamison State PA Zip Code 18929	Amount of Each Disbursement this Period
	Purpose of Disbursement Professional Fees	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Phoenix Strategy Group	Transaction ID: SB21B.4166 Date of Disbursement
	Mailing Address 2519 W. Rockspray Road	<input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Jamison State PA Zip Code 18929	Amount of Each Disbursement this Period
	Purpose of Disbursement Professional Fees	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Phoenix Strategy Group	Transaction ID: SB21B.4205 Date of Disbursement
	Mailing Address 2519 W. Rockspray Road	<input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Jamison State PA Zip Code 18929	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 11 / 15

<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)  
Phoenix Strategy Group

Transaction ID: SB21B.4167

Date of Disbursement

Mailing Address 2519 W. Rockspray Road

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		2	8		2	0	0	7

City Jamison State PA Zip Code 18929

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Professional Fees

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

500.00
--------

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

5080.00
---------

**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 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>BILL SHUSTER FOR CONGRESS</b>	<b>Transaction ID: SB23.4131</b>
	Mailing Address <b>PO Box 27</b>	Date of Disbursement 11 / 20 / 2007
	City <b>Hollidaysburg</b> State <b>PA</b> Zip Code <b>16648</b>	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>BILL SHUSTER FOR CONGRESS</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>PA</b> District: <b>09</b>	

B.	Full Name (Last, First, Middle Initial) <b>CASTLE CAMPAIGN FUND</b>	<b>Transaction ID: SB23.4120</b>
	Mailing Address <b>PO Box 133</b>	Date of Disbursement 08 / 21 / 2007
	City <b>Wilmington</b> State <b>DE</b> Zip Code <b>19899</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>DE</b> District: <b>01</b>	

C.	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR ARLEN SPECTER</b>	<b>Transaction ID: SB23.4127</b>
	Mailing Address <b>255 SOUTH 17TH STREET</b>	Date of Disbursement 12 / 18 / 2007
	City <b>PHILADELPHIA</b> State <b>PA</b> Zip Code <b>19103</b>	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>CITIZENS FOR ARLEN SPECTER</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>PA</b> District: <b>00</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8300.00</b>
<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)

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) REPUBLICAN FEDERAL COM OF PA</p> <p>Mailing Address 717 N SECOND STREET SUITE 900</p> <p>City HARRISBURG State PA Zip Code 17102</p> <p>Purpose of Disbursement</p> <p>Candidate Name REPUBLICAN FEDERAL COM OF PA</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB23.4186 Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) RUDY GIULIANI PRES COM INC</p> <p>Mailing Address C/O JOHN GROSS PROSKAUER ROSE LLP 1585 BROADWAY</p> <p>City NEW YORK State NY Zip Code 10036</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name RUDY GIULIANI PRES COM INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00</p>	<p>Transaction ID: SB23.4129 Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 3700.00</p> <p>Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Union League of Philadelphia</p> <p>Mailing Address 140 S Broad St</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement</p> <p>Candidate Name TIM MURPHY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p>	<p>Transaction ID: SB23.4176 Date of Disbursement 07 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>007 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

9100.00

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

17400.00

# 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)

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<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) Bucks Co Republican Com</p> <p>Mailing Address 115 North Broad Street</p> <p>City Doylestown State PA Zip Code 18901</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4194 <b>Date of Disbursement</b> 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Andy Lewis</p> <p>Mailing Address 356 Exeter Road</p> <p>City Haverford State PA Zip Code 19041</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4190 <b>Date of Disbursement</b> 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Jim Matthews</p> <p>Mailing Address 1504 Walnut Ave</p> <p>City Oreland State PA Zip Code 19075</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4198 <b>Date of Disbursement</b> 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

7250.00

**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 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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Tom Ellis <hr/> Mailing Address 8332 High School Rd. <hr/> City Elkins Park State PA Zip Code 19027 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4196 Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2007
	Amount of Each Disbursement this Period 800.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Monroe Co Republican Com <hr/> Mailing Address PO Box 391 <hr/> City Stroudsburg State PA Zip Code 18360 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4192 Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2007
	Amount of Each Disbursement this Period 250.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8300.00</b>