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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

KEYSTONE FOODS LLC POLITICAL ACTION
COMMITTEE

ADDRESS (number and street)

FIVE TOWER BRIDGE

(Check if address
is changed)

300 BARR HARBOR DRIVE SUITE 600

WEST CONSHOHOCKEN PA 19428-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

keystonefoods.pac@keystonefoods.

c.o.m.

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

01 16 2013

3. FEC IDENTIFICATION NUMBER

C00495234

4. IS THIS STATEMENT

NEW (N)

OR

A

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

Frank Pelone

Signature of Treasurer

Date

01 17 2013

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 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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 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 _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - 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 Fundraising Representative:

- (g) 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

13031014951

Write or Type Committee Name

KEYSTONE FOODS LLC POLITICAL ACTION COMMITTEE

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

KEYSTONE FOODS LLC

Mailing Address

FIVE TOWER BRIDGE

300 BARR HARBOR DRIVE SUITE 600

WEST CONSHOHOCKEN PA 19428

CITY

STATE

ZIP CODE

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 FRANK PELONE

Mailing Address FIVE TOWER BRIDGE

300 BARR HARBOR DRIVE SUITE 600

WEST CONSHOHOCKEN PA 19428

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 610-949-7642

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 FRANK PELONE

Mailing Address FIVE TOWER BRIDGE

300 BARR HARBOR DRIVE SUITE 600

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number 610-949-7642

13031014952

Full Name of Designated Agent | G R E G G M A S O N |

Mailing Address | F I V E T O W E R B R I D G E |
| 3 0 0 B A R R H A R B O R D R I V E S U I T E 6 0 0 |
| W E S T C O N S H O H O C K E N | | P A | | 1 9 4 2 8 | - | |
CITY STATE ZIP CODE

Title or Position | A S S I S T A N T T R E A S U R E R | Telephone number | | - | - |

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.

| H A R R I S B A N K |

Mailing Address | 1 1 1 W M O N R O E S T R E E T |
| |
| C H I C A G O | | I L | | 6 0 6 0 3 | - | |
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

| |

Mailing Address | |
| |
| | | | - | |
CITY STATE ZIP CODE

13031014953

Federal Election Commission
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Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked


PREPARER

1/23/13
DATE PREPARED

(3/2005)

13031014954