#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20200148 Number:						ort d B		CANE	IDATE		СОМІ	<b>4ITTEE</b>	<b>√</b>	LOBE	BYIST			
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		KEYS	STO	NE PA	AC										
Street Address:	1747 PENNSY	LVANIA	AVENUE, N	IW SL	JITE	800	)											
City:	WASHINGTON	I					State: DC					Zip Cod	<b>Zip Code:</b> 20006					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY				30 DA PRIMA		POST-	3. <b>X</b>		AMENDMENT REPORT?		Yes	No	•	<b>/</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		<b>/</b>	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020					IG METI CHECK				PAPER		<b>/</b>	DISKE	TTE		
Name of Office S	- Sought by Candida	te:	-		_	-		DATE	OF EL	ECTI	ON	District Number	Office Code	Par	ty Code	Coun		
								МО	DAY	'	YEAR	Ivamber	code			couc		
								1	1	3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)	)	
	Receipts and	МО	DAY	YEAR				МО	DAY		YEAR	FO	R OFFI	CE USE	ONLY			
Expenditures	i trom:		5 19	20	020	T	0		6	22	2020							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.00							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$	\$ 15,000.00										
C. Total Funds Available (Sum Of Lines A and B)							\$			15	,000.00							
D. Total Expenditures (From Schedule III)							\$			15	,000.00							
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$				0.00							
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)	)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			•				
				AFF	ΊDΑ	VI	ΓSE	CTION	J									
	s a Committee rep	-	_						=									
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	edules	filed	on	paper (	or by ele	ctronic	mediu	m, are to	the best o	f my kno	wledge	and belie	ef , tru	ue.	
Sworn to and subs	cribed before me this	•	20								Signature	of Perso	n Submit	ting Rep	ort		_	
	- <del></del>		_				-					Prin	ted Name	e			-	
My Commission Ex	Signatu opires	re										Ema	il				-	
	мо	DA	AY	YR			-			Area C	ode	Daytim	e Teleph	none Nu	mber		_	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	andida	ate sha	ll sign	here.								
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	comm	ittee has	not vio	lated	any provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate			-	
	day of						-					Duint-	d Name				_	
	Signature						-					Printe	d Name					
My Commission Exp	_											Ema	il				-	
	МО	D/	AY	YR			•		Are	a Cod	e	Da	aytime T	me Telephone Number				

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
KEYSTONE PAC	From:	<u>5/19/202</u>	<u>0</u> To:	6/22/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)	-		\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	\$	0.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	15,000.00
TOTAL for the Reporting	Period	(3)	\$	15,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	15,000.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	Name of Filing Committee or Candidate			porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL**\$ 0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Fining Committee of Canadate				Reporting Period From: To:				
F						):		
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address	Mailing Address						\$	0.00
City State Zip Code (Plus 4)								

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$**0.00

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

## ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate					Reporting Period						
KEYSTONE PAC			Fron	n:	<u>5/19/2</u>	<u>020</u> To	: <u>6/22/2020</u>				
				D/	ATE		AMOUNT				
Full Name of Contributor Republican Attorneys General Associati	on Individual Accoun	t		мо	DAY	YEAR					
Mailing 1747 Pennsylvania Ave NW, Suite 800					10	2020	<b>\$</b> 15,000.00				
<b>City</b> Washington	State DC	<b>Zip Code (Plus 4)</b> 20006			10	2020					
Employer Name N/A				Occupat	tion	I/A	•				
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (Plus 4)				
1747 Pennsylvania Ave NW, Suite 800		Washing	ton		DC		20006				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL 15,000.00				
						_					

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	•			\$	0.00

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od	
KEYSTONE PAC	From:	<u>5/19/2020</u> <b>To:</b>	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidate Rep			Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch Section 2.	hedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
occuon 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl )	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

**PAGE TOTAL** 

15,000.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
KEYSTONE PAC				From	<u>5/19</u>	6/22/2020				
					DATE			AMOUNT		
To Whom Paid Cascade Strategi	es LLC			мо	DAY	YEAR				
Mailing Address	5765-F Burke Cente	Pkwy #208		6	10	2020	\$	15,000.00		
City Burke		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1			
VA 22015				Researd Genera	•	ed to Hei	delbaugh	for Attorney		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.