Campaign Finance Report

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

Filer Identificati Number :	on 2020	0148			Repor Filed I		CAI	NDI	DATE		COM	AITTEE	~	LUB	D1121		
Name of Filing C	ommittee, Candid	ate or L	obbyist:		KEYSTO	ONE P	AC		•								
Street Address:	1747 PENNSY	LVANIA	AVENUE, I	NW SU	IITE 80	0											
City:	WASHINGTON	I					State	e:	DC			Zip Co	de: 2	0006			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2. X	30 DA		P	POST-	3.		AMENDN REPORT		Yes	√ No)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/		P	POST-	6.		TERMINA REPORT		Yes	N)	√
report type)	ANNUAL REPORT	7.	Year 2020				NG ME					PAPER		$ \cdot $	DISK	ETTE	
Name of Office S	ought by Candida	te:			-		DAT	ΕO	F ELEC	CTIO	N	District Number	Office Code	Pa	rty Code	Cour	
							МО		DAY	YE	AR			·			
								11	,	3	2020		(SEE II	ISTRUCT	ONS FOR	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	EAR	FC	R OFFI	CE USE	ONLY		
			1 1	20)20 T	О		5	1	.8	2020						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$					0.00						
B. Total Moneta	ary Contributions A	And Rec	eipts (From	Sche	dule I)	\$				10,0	00.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				10,0	00.00						
D. Total Expend	ditures (From Scho	edule II	I)			\$				10,0	00.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$					0.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')		\$					0.00						
				AFF	IDAVI	T SE	CTIC	NC									
I swear (or affirm)	that this report, incl		_								_		f my kno	wledge	and bel	ief , tr	ue.
correct and comple	ete. cribed before me this	i									·:	-f D	Cb	D.			_
	day of		_ 20			_					ngnature	of Perso	n Submi	iting Ke	рогс		
	Signatu	re				_						Prin	ted Nam	e			
My Commission Ex			• • • • • • • • • • • • • • • • • • • •			_		•				Ema					_
	МО		AY	YR	•••					a Cod	le	Daytin	ne Telep	hone Nu	ımber		Ⅎ
I swear (or affirm)	a report of a cand that to the best of n				•				_		y provis	ions of th	e act of :	lune 3,1	.937 (P.	L. 133	3,
No 320) as amende Sworn to and subsc	ed. ribed before me this												4- "				_
	day of		20								s	ignature (or Candid	iate			_
						_						Printe	d Name				
My Commission Exp	Signature ires											Ema	il				-
	мо	D	AY	YR		-			Area	Code		D	aytime 1	elepho	ne Numi	oer	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KEYSTONE PAC	From:	1/1/202	<u>0</u> To:	5/18/2020
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	Period	(2)	\$	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)			\$	10,000.00
TOTAL for the Reporting	Period	(3)	\$	10,000.00
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 Page 1, Page 2, Pa			\$	10,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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:					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
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 Candi	date		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			Rep	orting Pe	riod			
KEYSTONE PAC			Fror	n:	1/1/2	<u>020</u> To	: :	5/18/2020
				D	ATE		АМО	UNT
Full Name of Contributor Republican Attorneys General Associati	on Individual Accour	nt		мо	DAY	YEAR		
Mailing 1747 Pennsylvania Av Address	ve NW, Suite 800				10	2020	\$	10,000.00
City Washington	State DC	Zip Code (Plus 20006	s 4)	4	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 Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.		\$		E TOTAL 10,000.00

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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	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 Period	I	
KEYSTONE PAC	From:	<u>1/1/2020</u> To:	5/18/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period					
					Fro	m:		То	:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

10,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
KEYSTONE PAC			From	<u>1/:</u>	1/2020	То:	5/18/2020
				DATE			AMOUNT
To Whom Paid Percipient Strategies LLC			мо	DAY	YEAR		
Mailing Address PO Box 716	513		4	10	2020	\$	10,000.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
,	DC	20024	Researd Genera		ed to Hei	delbaugh	for Attorney
Enter Grand Total of Expend	ditures on Page 1, Re	port Cover Page, Item D).				PAGE TOTAL