

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 9

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full) KEYES 2000 INC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 4700 Surry Place	2. IDENTIFICATION NUMBER C00346163
CITY, STATE, and ZIP CODE Alexandria VA 22304	3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General

4. TYPE OF REPORT (Check here if this is a Termination Report.)

<input checked="" type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	Monthly Report Due On: <input type="checkbox"/> February 20 <input type="checkbox"/> June 20 <input type="checkbox"/> October 20 <input type="checkbox"/> March 20 <input type="checkbox"/> July 20 <input type="checkbox"/> November 20 <input type="checkbox"/> April 20 <input type="checkbox"/> August 20 <input type="checkbox"/> December 20 <input type="checkbox"/> May 20 <input type="checkbox"/> September 20 <input type="checkbox"/> January 31
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Twelfth day report preceding _____
 (Type of Election)
 election on _____ in the State of _____

Thirtieth day report following the General Election on
 on _____

IS THIS REPORT AN AMENDMENT YES NO

5. COVERING PERIOD	FROM 01/01/2008	THROUGH 03/31/2008
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SUMMARY		
	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	12372.99
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	0.00
	8. SUBTOTAL (Lines 6 and 7)	12372.99
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	136.74
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	12236.25
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	307194.75
	13. EXPENDITURES SUBJECT TO LIMITATION	-1942871.03
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	0.00
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	57128.97

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 William L. Constantine, CPA	Date 04/01/2008
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 3P (01/2001)
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DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

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(PAGE 2, FEC FORM 3P)

Name of committee (in full)

KEYES 2000 INC

Report Covering the Period

From: 01/01/2008

To: 03/31/2008

	Report Covering the Period	
	From: 01/01/2008	To: 03/31/2008
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	0.00	0.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :		
(a) Operating	0.00	0.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)	0.00	55000.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	0.00	55000.00
II. DISBURSEMENTS		
23. OPERATING EXPENDITURES	136.74	57128.97
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00
27. LOAN REPAYMENTS MADE :		
(a) Repayment of Loans made or Guaranteed by Candidate	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	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	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	136.74	57128.97
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

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1. NAME OF COMMITTEE (in full) KEYES 2000 INC					
ADDRESS (number and street) 4700 Surry Place					
CITY, STATE, and ZIP CODE Alexandria VA 22304			2. IDENTIFICATION NUMBER C00346163		

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	0.00

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
KEYES 2000 INC

A.	Full Name (Last, First, Middle Initial) Moneris ACH	Transaction ID: SB23.4438 Date of Disbursement
	Mailing Address PO Box	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges Candidate Name	<input type="text" value="17.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Moneris ACH	Transaction ID: SB23.4442 Date of Disbursement
	Mailing Address PO Box	<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges Candidate Name	<input type="text" value="17.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Moneris ACH	Transaction ID: SB23.4444 Date of Disbursement
	Mailing Address PO Box	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges Candidate Name	<input type="text" value="17.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="52.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3P) 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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
KEYES 2000 INC

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address P.O. Box 6995 <hr/> City Portland State OR Zip Code 97228 <hr/> Purpose of Disbursement Bank Charges 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: SB23.4440 Date of Disbursement 01 / 21 / 2008	Amount of Each Disbursement this Period 15.60
B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address P.O. Box 6995 <hr/> City Portland State OR Zip Code 97228 <hr/> Purpose of Disbursement Bank Charges 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: SB23.4443 Date of Disbursement 02 / 20 / 2008	Amount of Each Disbursement this Period 15.60
C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank <hr/> Mailing Address P.O. Box 6995 <hr/> City Portland State OR Zip Code 97228 <hr/> Purpose of Disbursement Bank Charges 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: SB23.4445 Date of Disbursement 03 / 20 / 2008	Amount of Each Disbursement this Period 15.60

SUBTOTAL of Disbursements This Page (optional) ▶	46.80
TOTAL This Period (last page this line number only) ▶	99.30

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
KEYES 2000 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ABC Harrington			Nature of Debt (Purpose):
Mailing Address 3069 99th Street			
City Urbandale	State IA	ZIP Code 50322	

Outstanding Balance Beginning This Period <input type="text" value="3579.00"/>		Transaction ID: SD12.4150	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3579.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chackam Productions			Nature of Debt (Purpose):
Mailing Address 3944 Parkway Blvd			
City Land O Lakes	State FL	ZIP Code 34639	

Outstanding Balance Beginning This Period <input type="text" value="3592.92"/>		Transaction ID: SD12.4154	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3592.92"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor C Michael Tarone			Nature of Debt (Purpose):
Mailing Address 900 17th Street NW Suite 1250			
City Washington	State DC	ZIP Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="10528.99"/>		Transaction ID: SD12.4152	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10528.99"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="17700.91"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
KEYES 2000 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor William L. Constantine, CPA			Nature of Debt (Purpose):
Mailing Address 2400 Earlsgate Ct.			
City Reston	State VA	ZIP Code 20191	

Outstanding Balance Beginning This Period 41743.01		Transaction ID: SD12.4171	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 41743.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Resort Marketing			Nature of Debt (Purpose):
Mailing Address PO Box			
City Washington	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period 3000.00		Transaction ID: SD12.4156	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Information Systems			Nature of Debt (Purpose):
Mailing Address 3554 Chain Bridge Road			
City Fairfax	State VA	ZIP Code 22030	

Outstanding Balance Beginning This Period 10160.00		Transaction ID: SD12.4158	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10160.00	

1) SUBTOTALS This Period This Page (optional).....	▶	54903.01
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
KEYES 2000 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media One	Nature of Debt (Purpose):
Mailing Address PO Box	
City Washington State DC ZIP Code 20002	

Outstanding Balance Beginning This Period 10000.00	Transaction ID: SD12.4160	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Voter Outreach	Nature of Debt (Purpose):
Mailing Address 1 Boyle St	
City Manchester State NH ZIP Code 03825	

Outstanding Balance Beginning This Period 1770.00	Transaction ID: SD12.4162	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1770.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Politechs Inc	Nature of Debt (Purpose):
Mailing Address 4700 Surry Place	
City Alexandria State VA ZIP Code 22304	

Outstanding Balance Beginning This Period 149638.95	Transaction ID: SD12.4166	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 149638.95

1) SUBTOTALS This Period This Page (optional).....	▶	161408.95
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
KEYES 2000 INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Power Point Graphics Inc			Nature of Debt (Purpose):
Mailing Address 6414 NW 5th Way			
City Ft. Lauderdale	State FL	ZIP Code 33309	

Outstanding Balance Beginning This Period		Transaction ID: SD12.4164	
1951.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1951.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TG Systems Inc			Nature of Debt (Purpose):
Mailing Address 15055 Glen Verdent Dr			
City Culpeper	State VA	ZIP Code 22701	

Outstanding Balance Beginning This Period		Transaction ID: SD12.4167	
70030.88			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	70030.88	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Web Light Consulting			Nature of Debt (Purpose):
Mailing Address 2021 Sperry Ave Suite 19			
City Ventura	State CA	ZIP Code 93003	

Outstanding Balance Beginning This Period		Transaction ID: SD12.4169	
1200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1200.00	

1) SUBTOTALS This Period This Page (optional).....	▶	73181.88
2) TOTALS This Period (last page this line number only).....	▶	307194.75
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	307194.75