

# 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  
CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 370 Woodcliff Drive  
Suite 300  
 Check if different than previously reported. (ACC)  
Fairport NY 14450

2. **FEC IDENTIFICATION NUMBER** C00304832  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2008 through 03 31 2008

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 Perry Humphrey

Signature of Treasurer Electronically Filed by Perry Humphrey Date 04 16 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.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
**CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		196636.55
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	196636.55									
(c) Total Receipts (from Line 19) .....	16500.00	16500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	213136.55	213136.55								
7. Total Disbursements (from Line 31) .....	12000.00	12000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	201136.55	201136.55								
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  
**CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	16500.00	16500.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	16500.00	16500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16500.00	16500.00
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 .....	0.00	0.00
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)) .....	16500.00	16500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16500.00	16500.00

**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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
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.....	0.00	0.00
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))..	12000.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	12000.00

**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 .....	16500.00	16500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16500.00	16500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
**CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Jeananne Hauswald

Mailing Address PO Box 247

City Sheffield State MA Zip Code 01257

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

Name of Employer Constellation Brands Occupation Board of Directors

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID:** SA11AI.6701

Amount of Each Receipt this Period 5000.00

contribution from Board Member

**B.** Full Name (Last, First, Middle Initial)  
James Locke

Mailing Address 90 Brookwood Rd.

City Rochester State NY Zip Code 14610

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

Name of Employer Constellation Brands, Inc. Occupation Board Member

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2008

**Transaction ID:** SA11AI.6702

Amount of Each Receipt this Period 5000.00

contribution from Board Member

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Sorce

Mailing Address 300 Willowbrook Office Park

City Fairport State NY Zip Code 14450

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

Name of Employer Constellation Brands Inc. Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID:** SA11AI.6700

Amount of Each Receipt this Period 1500.00

contribution from employee

**SUBTOTAL** of Receipts This Page (optional) ..... 11500.00

**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:	PAGE 7 / 9
	(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

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NAME OF COMMITTEE (In Full)  
**CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Zupan		Date of Receipt
	Mailing Address 45 Green field Ave		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rochester	NY	14610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
		Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution from Board Member	
		Aggregate Year-to-Date ▼	
		<input type="text" value="5000.00"/>	
			Amount of Each Receipt this Period
			<input type="text" value="5000.00"/>
			Transaction ID: SA11AI.6698

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="16500.00"/>

# 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)  
CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
BISHOP, TIMOTHY

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Multi-Candidate PAC

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6707  
Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
HARKIN, THOMAS RICHARD

Mailing Address 508 COTTAGE

City CUMMING State IA Zip Code 50061

Purpose of Disbursement  
Multi-Candidate PAC

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6703  
Date of Disbursement

03 / 07 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
HINCHEY, MAURICE D

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement  
Multi-Candidate PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6709  
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

2000.00

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

3500.00

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)

<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)  
CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LARSON, JOHN B <hr/> Mailing Address 1887 OLD MAIN STREET <hr/> City EAST HARTFORD State CT Zip Code 06108 <hr/> Purpose of Disbursement Multi-Candidate PAC Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6705 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Spitzer 2010 <hr/> Mailing Address <hr/> City Albany State NY Zip Code <hr/> Purpose of Disbursement Multi-Candidate PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6713 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) WARNER, MARK ROBERT <hr/> Mailing Address 201 NORTH UNION SUITE 300 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement Multi-Candidate PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 9 <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6711 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/Type 012
	Disbursement For: <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12000.00