

**FEC
FORM 3P****REPORT OF RECEIPTS
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

KEYES 2000 INC

ADDRESS (number and street)

4700 Surry Place

Check if different
than previously
reported. (ACC)

Alexandria

CITY

VA

STATE

22304

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00346163

3. TYPE OF REPORT (Choose One)Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

Monthly Reports:



April 15 (Q1)



October 15 (Q3)



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)



July 15 (Q2)



January 31 Year-End Report (YE)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)



12-Day Pre-Election Report for the Election on

M M / D D / Y Y Y Y Y Y

in the State of



30-Day Post-Election Report for the General Election on

M M / D D / Y Y Y Y Y Y

4. IS THIS REPORT AN AMENDMENT?

yes



no

5. COVERING PERIODM M / D D / Y Y Y Y Y Y
07 / 01 / 2025

THROUGH

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

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

Constantine, William, L., , CPA

Signature of Treasurer

Constantine, William, L., , CPA

Date

M M / D D / Y Y Y Y Y Y
10 / 01 / 2025NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.
All previous versions of this form are obsolete and should no longer be used.Office
Use
Only

FEC Form 3P (Rev. 05/2016)

Write or Type Committee Name

KEYES 2000 INC

Report Covering the Period:

From:

M M
07D D
01Y Y Y Y
2025

To:

M M
09D D
30Y Y Y Y
2025

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0.00
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	0.00
8. SUBTOTAL (Lines 6 and 7)	0.00
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	0.00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	0.00
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).....	296843.91
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.)	181310.76

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	150.00
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	181310.76

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3P (Rev. 05/2016)

NAME OF COMMITTEE (in Full)

KEYES 2000 INC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2025

To:

M M / D D / Y Y Y Y
09 / 30 / 2025

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		
(i) itemized	0.00	150.00
(ii) unitemized	0.00	0.00
(iii) Total contributions	0.00	150.00
(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) and 17(d))	0.00	150.00
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	7500.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	7500.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	254083.67
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	0.00	261733.67

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

KEYES 2000 INC

Report Covering the Period:

From:

M 07^MD 01^DY Y Y Y
2025

To:

M 09^MD 30^DY Y Y Y
2025

II. DISBURSEMENTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	0.00	188810.76
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) Repayments 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) and 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	76381.86
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	0.00	265192.62

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC Form 3P (Rev. 05/2016)
Federal Election Commission
1050 First Street, N.E.
Washington, D.C.

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Page 5

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

C00346163

KEYES 2000 INC

ADDRESS (number and street)

4700 Surry Place

Alexandria

CITY

VA

STATE

22304

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

SCHEDULE D-P
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

Mailing Address 3069 99th Street

City
Urbandale

State
IA

Zip Code
50322

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

3579.00

Transaction ID : SD12.4150

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3579.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chackam Productions

Mailing Address 3944 Parkway Blvd

City
Land O Lakes

State
FL

Zip Code
34639

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

3592.92

Transaction ID : SD12.4154

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3592.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

C Michael Tarone

Mailing Address 900 17th Street NW
Suite 1250

City
Washington

State
DC

Zip Code
20006

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

10528.99

Transaction ID : SD12.4152

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10528.99

1) SUBTOTALS This Period This Page (optional)	17700.91
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D-P
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

Constantine, William, L., , CPA

Mailing Address 2961-A Hunter Mill Road Suite 808

City
Oakton

State
VA

Zip Code
22124

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

36442.17

Transaction ID : SD12.4171

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36442.17

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

First Resort Marketing

Mailing Address PO Box

City
Washington

State
DC

Zip Code
20002

Nature of Debt (Purpose):

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

Mailing Address 3554 Chain Bridge Road

City
Fairfax

State
VA

Zip Code
22030

Nature of Debt (Purpose):

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)

49602.17

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D-P
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

Mailing Address PO Box

City
Washington

State
DC

Zip Code
20002

Nature of Debt (Purpose):

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

Mailing Address 1 Boyle St

City
Manchester

State
NH

Zip Code
03825

Nature of Debt (Purpose):

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

Mailing Address 4700 Surry Place

City
Alexandria

State
VA

Zip Code
22304

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

144588.95

Transaction ID : SD12.4166

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

144588.95

1) SUBTOTALS This Period This Page (optional)	156358.95
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D-P**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. LauderdaleState
FLZip Code
33309

Outstanding Balance Beginning This Period

1951.00

Transaction ID : SD12.4164

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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
CulpeperState
VAZip Code
22701

Outstanding Balance Beginning This Period

70030.88

Transaction ID : SD12.4167

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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 19City
VenturaState
CAZip Code
93003

Outstanding Balance Beginning This Period

1200.00

Transaction ID : SD12.4169

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1200.00

1) **SUBTOTALS** This Period This Page (optional)

73181.88

2) **TOTALS** This Period (last page this line number only)

296843.91

3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

296843.91