

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 Constitution Party National Committee

ADDRESS (number and street) 23 North Lime Street Lancaster PA 17602 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00279802 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2007 through 03 31 2007

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 Joe Sanger Signature of Treasurer Electronically Filed by Joe Sanger Date 04 13 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Constitution Party National Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		64731.99
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	76160.65									
(c) Total Receipts (from Line 19)	23089.55	87380.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99250.20	152112.04								
7. Total Disbursements (from Line 31)	38485.47	91347.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60764.73	60764.73								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	1204.30									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	628.35									

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
Constitution Party National Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	10585.00	23182.00
(i) Itemized (use Schedule A)	12489.26	64108.76
(ii) Unitemized	23074.26	87290.76
(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)	23074.26	87290.76
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)	15.29	89.29
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))	23089.55	87380.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23089.55	87380.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	38485.47	91252.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	38485.47	91252.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	95.00
(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	95.00
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))..	38485.47	91347.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	38485.47	91347.31

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	23074.26	87290.76
34. Total Contribution Refunds (from Line 28(d))	0.00	95.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23074.26	87195.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38485.47	91252.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	15.29	89.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38470.18	91163.02

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Anonymous Anonymous		Date of Receipt MM / DD / YYYY 03 / 29 / 2007
Mailing Address n/a		Transaction ID: SA11A1.37656
City n/a State Zip Code n/a		Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation n/a	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) B. Anonymous Anonymous		Date of Receipt MM / DD / YYYY 03 / 29 / 2007
Mailing Address n/a		Transaction ID: SA11A1.37657
City n/a State Zip Code n/a		Amount of Each Receipt this Period 1.00
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation n/a	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) C. Terry Applegate		Date of Receipt MM / DD / YYYY 03 / 20 / 2007
Mailing Address 14464 Dunn Road		Transaction ID: SA11A1.37553
City Haslett State MI Zip Code 48840		Amount of Each Receipt this Period 360.00
FEC ID number of contributing federal political committee. C		
Name of Employer Applegate Insulation	Occupation CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

SUBTOTAL of Receipts This Page (optional)	▶	366.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Dr. Chuck Baldwin		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 7970 Sasser Lane		Transaction ID: SA11A1.37323
City State Zip Code Pensacola FL 32526	Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CrossRoads Baptist Church	Occupation pastor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Dr. Claud Boyd		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1863 Lodgepole Avenue		Transaction ID: SA11A1.37433
City State Zip Code North Augusta SC 29841	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Scott Bradley		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1496 East 2700 North		Transaction ID: SA11A1.37528
City State Zip Code Logan UT 84341	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		
Name of Employer information requested	Occupation manager	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	640.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Lt. Col. William Brooks		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 5510 Mount Aconia Drive		Transaction ID: SA11A1.37384	
City State Zip Code San Diego CA 92111-4625		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Arthur Clark		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 1920 Little Walnut Rd.		Transaction ID: SA11A1.37721	
City State Zip Code Silver City NM 88061		Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. James Clymer		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 301 Letort Rd		Transaction ID: SA11A1.37704	
City State Zip Code Millersville PA 17551		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Clymer & Muser Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	980.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

A. Full Name (Last, First, Middle Initial)
Joshua Cole

Mailing Address 6982 Prosperity Circle

City State Zip Code
Sarasota FL 34238

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

Name of Employer Occupation
Century Publications Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: SA11A1.37256

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Camby Collier

Mailing Address POB 181
90768 Travis Ln

City State Zip Code
Coos Bay OR 97420

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

Name of Employer Occupation
Slape Construction secretary

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2007

Transaction ID: SA11A1.37442

Amount of Each Receipt this Period
280.00

C. Full Name (Last, First, Middle Initial)
Gary Dunlap

Mailing Address 4780 Calvert Dr. D2

City State Zip Code
Rolling Meadows IL 60008

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

Name of Employer Occupation
caremark accounts receivable

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: SA11A1.37532

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	410.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Curtis Engelbrecht		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 5713 East 39th North		Transaction ID: SA11A1.37533	
City State Zip Code Bel Aire KS 67220	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Boeing	Occupation engineer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) B. Frank Fluckiger		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 1799 N. Highway 89		Transaction ID: SA11A1.37577	
City State Zip Code Layton UT 84040	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NBO Systems Inc.	Occupation management		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) C. Mrs. Roseanna Gevelinger		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 820 E. 5th St.		Transaction ID: SA11A1.37316	
City State Zip Code Galesburg IL 61401	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		

SUBTOTAL of Receipts This Page (optional) ▶	925.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Miss Barbara Grimaldi		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address P.O. Box 6040		Transaction ID: SA11A1.37304	
City State Zip Code Miramar Beach FL 32541-6040		Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation real estate broker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) B. Don Grundmann		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 425 East Merle Court		Transaction ID: SA11A1.37569	
City State Zip Code San Leandro CA 94577		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation chiropractic doctor			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. James Headings		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address P.O. Box 1200		Transaction ID: SA11A1.37529	
City State Zip Code Englewood TN 37329		Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation CPA			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) ▶	740.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. James Headings		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address P.O. Box 1200		Transaction ID: SA11A1.37530	
City State Zip Code Englewood TN 37329		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation CPA			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Miss Betty Heldstab		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 411 W. 8th Street		Transaction ID: SA11A1.37382	
City State Zip Code Crookston MN 56716-1201		Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. C			
Name of Employer retired Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Mr. & Mrs. William Hemenway		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007	
Mailing Address N15 W22294 Watertown Road		Transaction ID: SA11A1.37735	
City State Zip Code Waukesha WI 53186		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Service Master Janitorial Services Occupation self employed			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	660.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Mr. Thom Holmes		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4449 East 99th		Transaction ID: SA11A1.37439	
City State Zip Code Chandler OK 74834		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Devon Energy Petroleum Engineer			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) B. Mr. Thom Holmes		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4449 East 99th		Transaction ID: SA11A1.37440	
City State Zip Code Chandler OK 74834		Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Devon Energy Petroleum Engineer			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Mr. Lorne House		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address P.O. Box 9548		Transaction ID: SA11A1.37463	
City State Zip Code Yakima WA 98903-0121		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Kwik Lok Corp. financial controller			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Larry Kuka		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address Box 777		Transaction ID: SA11A1.37217	
City Harrison	State TN	Zip Code 37341	Amount of Each Receipt this Period 455.00
FEC ID number of contributing federal political committee. C		In-kind - ad placement	
Name of Employer Self	Occupation Businessman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00		

Full Name (Last, First, Middle Initial) B. Mr. Robert LaLanne		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address PO Box 38098		Transaction ID: SA11A1.37338	
City Colorado Spgs	State CO	Zip Code 80937-8098	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) C. Mr. Michael McMullen		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 4005 David Ln		Transaction ID: SA11A1.37555	
City Arlington	State VA	Zip Code 22311-1110	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer National Guard	Occupation military officer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	545.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Zeldon Nelson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 37777 West Juniper Road		Transaction ID: SA11A1.37723	
City State Zip Code Malta ID 83342	Amount of Each Receipt this Period 310.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NCCS	Occupation information requested		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

Full Name (Last, First, Middle Initial) B. Rick OSteen		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 2609 SW 112th		Transaction ID: SA11A1.37295	
City State Zip Code Oklahoma City OK 73170	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OSteen Meat Specialties	Occupation manager		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Mr. & Mrs. Lowell Patterson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 1408 Highland Ave		Transaction ID: SA11A1.37578	
City State Zip Code Cinnaminson NJ 08077-2728	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Abba Ministries	Occupation Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	690.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Mr. & Mrs. Lowell Patterson		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1408 Highland Ave		Transaction ID: SA11A1.37579
City State Zip Code Cinnaminson NJ 08077-2728	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Abba Ministries Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Mr. & Mrs. Lowell Patterson		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 1408 Highland Ave		Transaction ID: SA11A1.37698
City State Zip Code Cinnaminson NJ 08077-2728	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Abba Ministries Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) C. Robert Peck		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4610 S Bates Road		Transaction ID: SA11A1.37424
City State Zip Code Spokane WA 99206-9476	Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation self property management		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional) ▶	540.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

A. Full Name (Last, First, Middle Initial) Robert Peck		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4610 S Bates Road		Transaction ID: SA11A1.37425	
City State Zip Code Spokane WA 99206-9476	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation property management			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 980.00		

B. Full Name (Last, First, Middle Initial) David Perry		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 7885 Ponderosa Way		Transaction ID: SA11A1.37574	
City State Zip Code Sandy UT 84094	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation information requested			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

C. Full Name (Last, First, Middle Initial) Howard Phillips		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 9520 Bent Creek Ln		Transaction ID: SA11A1.37403	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 360.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Conservative Caucus Fdn Occupation Chairman			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional) ▶	840.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Howard Phillips		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 9520 Bent Creek Ln		Transaction ID: SA11A1.37575	
City Vienna	State VA	Zip Code 22182	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Conservative Caucus Fdtn	Occupation Chairman		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Howard Phillips		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 9520 Bent Creek Ln		Transaction ID: SA11A1.37576	
City Vienna	State VA	Zip Code 22182	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Conservative Caucus Fdtn	Occupation Chairman		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Howard Phillips		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007	
Mailing Address 9520 Bent Creek Ln		Transaction ID: SA11A1.37636	
City Vienna	State VA	Zip Code 22182	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Conservative Caucus Fdtn	Occupation Chairman		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00		

SUBTOTAL of Receipts This Page (optional) ▶	380.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Howard Phillips		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 9520 Bent Creek Ln		Transaction ID: SA11A1.37637
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Conservative Caucus Fdtn	Occupation Chairman	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) B. Stephen Pratt		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address HC74 Box 6430		Transaction ID: SA11A1.37429
City State Zip Code Beaver UT 84713	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation wheelwright	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mary Rutkowski		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address P.O. Box 1106		Transaction ID: SA11A1.37427
City State Zip Code Post Falls ID 83854	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation teacher	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 42

(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)
Constitution Party National Committee

A. Full Name (Last, First, Middle Initial)
Joe Sanger

Mailing Address 4119 Thackin Drive

City State Zip Code
Lansing MI 48911-1920

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self C.P.A.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1947.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2007

Transaction ID: SA11A1.37437

Amount of Each Receipt this Period
140.00

B. Full Name (Last, First, Middle Initial)
Joe Sanger

Mailing Address 4119 Thackin Drive

City State Zip Code
Lansing MI 48911-1920

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self C.P.A.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2087.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2007

Transaction ID: SA11A1.37438

Amount of Each Receipt this Period
140.00

C. Full Name (Last, First, Middle Initial)
Joe Sanger

Mailing Address 4119 Thackin Drive

City State Zip Code
Lansing MI 48911-1920

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self C.P.A.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2176.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: SA11A1.37219

Amount of Each Receipt this Period
89.00

In-kind - Accounting Services

SUBTOTAL of Receipts This Page (optional)	369.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

A. Full Name (Last, First, Middle Initial)
Mr. William F. Serafini

Mailing Address 208 Sharon Road

City State Zip Code
Frankfort KY 40601-9178

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

Name of Employer Occupation information requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2007

Transaction ID: SA11A1.37379

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. William F. Serafini

Mailing Address 208 Sharon Road

City State Zip Code
Frankfort KY 40601-9178

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

Name of Employer Occupation information requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.37655

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Mr. Merton Short

Mailing Address P.O. Box 180

City State Zip Code
Durham CA 95938

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

Name of Employer Occupation
Oroville Aviation Inc. Aviator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2007

Transaction ID: SA11A1.37436

Amount of Each Receipt this Period
140.00

SUBTOTAL of Receipts This Page (optional)	▶	540.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Nancy Spirkoff

Mailing Address 8158 Palm Street

City State Zip Code
Lemon Grove CA 91945

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

Name of Employer self Occupation legal assistant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: SA11A1.37729

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Lola Tyler

Mailing Address 8004 Cowman Rd

City State Zip Code
Hubbardston MI 48845-9525

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

Name of Employer U.S. Postal Service Occupation mail carrier

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2007

Transaction ID: SA11A1.37431

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Gerald Van Sickle

Mailing Address PO Box 38
31 North Tippy Dam Road

City State Zip Code
Wellston MI 49689-0038

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

Name of Employer Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: SA11A1.37573

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

A. Full Name (Last, First, Middle Initial) David Watson		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address P.O. Box 193		Transaction ID: SA11A1.37571	
City Lehi	State UT	Amount of Each Receipt this Period 280.00	
Zip Code 84043			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation information requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

B. Full Name (Last, First, Middle Initial) Reldon White		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 84 North 1050 East		Transaction ID: SA11A1.37435	
City Bountiful	State UT	Amount of Each Receipt this Period 140.00	
Zip Code 84010			
FEC ID number of contributing federal political committee. C			
Name of Employer retired		Occupation retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

C. Full Name (Last, First, Middle Initial) Edgar Wrenn		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 2794 San Lago Court		Transaction ID: SA11A1.37743	
City Las Vegas	State NV	Amount of Each Receipt this Period 100.00	
Zip Code 89121-3950			
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.00	

SUBTOTAL of Receipts This Page (optional) ▶	520.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 42
	(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)
Constitution Party National Committee

A. Full Name (Last, First, Middle Initial)
Mr. Merritt Yochum

Mailing Address 4837 East Nye Lane

City State Zip Code
Carson City NV 89706

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

Name of Employer Occupation
retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: SA11A1.37702

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Steven Zettle

Mailing Address 554 E Linden St

City State Zip Code
Fleetwood PA 19522-1407

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

Name of Employer Occupation
St. Joseph Medical Center RN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: SA11A1.37458

Amount of Each Receipt this Period
360.00

SUBTOTAL of Receipts This Page (optional)	▶	460.00
TOTAL This Period (last page this line number only)	▶	10585.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. American Caging, Inc.		Transaction ID: SB21B.37229	
Mailing Address 4850 Wright Road Suite 168		Date of Disbursement MM / DD / YYYY 03 / 01 / 2007	
City Stafford	State TX	Zip Code 77477	Amount of Each Disbursement this Period 468.28
Purpose of Disbursement caging services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Caging, Inc.		Transaction ID: SB21B.37235	
Mailing Address 4850 Wright Road Suite 168		Date of Disbursement MM / DD / YYYY 03 / 10 / 2007	
City Stafford	State TX	Zip Code 77477	Amount of Each Disbursement this Period 449.93
Purpose of Disbursement caging services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Caging, Inc.		Transaction ID: SB21B.37236	
Mailing Address 4850 Wright Road Suite 168		Date of Disbursement MM / DD / YYYY 03 / 30 / 2007	
City Stafford	State TX	Zip Code 77477	Amount of Each Disbursement this Period 448.05
Purpose of Disbursement caging services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1366.26
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

<p>A. Full Name (Last, First, Middle Initial) AT & T</p>		<p>Transaction ID: SB21B.37185 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	4		2	0	0	7														
<p>Mailing Address P.O. Box 9001309</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>42.71</td> </tr> </table> </p>		42.71																			
42.71																							
<p>City Louisville State KY Zip Code 40290-1309</p>	<p>Purpose of Disbursement telephone services</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p>State: District:</p>																						

<p>B. Full Name (Last, First, Middle Initial) AT & T</p>		<p>Transaction ID: SB21B.37204 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	7														
<p>Mailing Address P.O. Box 9001309</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>56.98</td> </tr> </table> </p>		56.98																			
56.98																							
<p>City Louisville State KY Zip Code 40290-1309</p>	<p>Purpose of Disbursement telephone services</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p>State: District:</p>																						

<p>C. Full Name (Last, First, Middle Initial) Authorize.Net</p>		<p>Transaction ID: SB21B.37241 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	2		2	0	0	7														
<p>Mailing Address 915 South 500 East, Suite 200</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>39.29</td> </tr> </table> </p>		39.29																			
39.29																							
<p>City American Fork State UT Zip Code 84003</p>	<p>Purpose of Disbursement electronic gateway fee</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p>State: District:</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>138.98</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)

PAGE 27 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Authorize.Net		Transaction ID: SB21B.37224	
Mailing Address 915 South 500 East, Suite 200		Date of Disbursement	
City American Fork State UT Zip Code 84003		MM / DD / YYYY 03 / 22 / 2007	
Purpose of Disbursement electronic gateway fee		Amount of Each Disbursement this Period	
Candidate Name		34.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. D. Scott Bartlett		Transaction ID: SB21B.37188	
Mailing Address 5905 W.Bakker Park Drive		Date of Disbursement	
City Sioux Falls State SD Zip Code 57106		MM / DD / YYYY 03 / 14 / 2007	
Purpose of Disbursement reimburse printing & postage		Amount of Each Disbursement this Period	
Candidate Name		425.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bell South		Transaction ID: SB21B.37205	
Mailing Address P.O. Box 33009		Date of Disbursement	
City Charlotte State NC Zip Code 28243-0001		MM / DD / YYYY 03 / 31 / 2007	
Purpose of Disbursement telephone services		Amount of Each Disbursement this Period	
Candidate Name		71.39	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	531.29
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)

PAGE 28 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Brunner Firm Company, LPA		Transaction ID: SB21B.37180 Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
Mailing Address 545 East Town Street		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement legal services	
Candidate Name		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Capital One Direct Banking		Transaction ID: SB21B.37240 Date of Disbursement MM / DD / YYYY 03 / 21 / 2007
Mailing Address P.O. Box 4199		Amount of Each Disbursement this Period 27.35
City Houston State TX Zip Code 77210	Purpose of Disbursement bank fee	
Candidate Name		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Capital One Direct Banking		Transaction ID: SB21B.37752 Date of Disbursement MM / DD / YYYY 03 / 22 / 2007
Mailing Address P.O. Box 4199		Amount of Each Disbursement this Period 4.25
City Houston State TX Zip Code 77210	Purpose of Disbursement credit card fees	
Candidate Name		Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2531.60
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)

PAGE 29 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Clymer & Musser		Transaction ID: SB21B.37215 Date of Disbursement 03 / 31 / 2007
Mailing Address 23 North Lime Street		Amount of Each Disbursement this Period 640.00
City Lancaster State PA Zip Code 17602	Purpose of Disbursement Reimburse clerical labor expenses Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. James Clymer		Transaction ID: SB21B.37193 Date of Disbursement 03 / 31 / 2007
Mailing Address 301 Letort Rd		Amount of Each Disbursement this Period 510.00
City Millersville State PA Zip Code 17551	Purpose of Disbursement office rent Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: SB21B.37207 Date of Disbursement 03 / 31 / 2007
Mailing Address P.O. Box 3005		Amount of Each Disbursement this Period 45.95
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement high speed internet services Candidate Name	
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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1195.95
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

A. Creative Crisis Management

Full Name (Last, First, Middle Initial)
Creative Crisis Management

Mailing Address Box 556

City Canby State OR Zip Code 97013

Purpose of Disbursement
copy writing services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.37176
Date of Disbursement
03 / 29 / 2007

Amount of Each Disbursement this Period
675.00

B. Data Research

Full Name (Last, First, Middle Initial)
Data Research

Mailing Address 108 Meadows Lane

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
database services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.37206
Date of Disbursement
03 / 31 / 2007

Amount of Each Disbursement this Period
600.00

C. Embarq

Full Name (Last, First, Middle Initial)
Embarq

Mailing Address P.O. Box 96064

City Charlotte State NC Zip Code 28296

Purpose of Disbursement
telephone services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.37195
Date of Disbursement
03 / 31 / 2007

Amount of Each Disbursement this Period
70.71

SUBTOTAL of Disbursements This Page (optional) ► **1345.71**

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Golden Rule		Transaction ID: SB21B.37201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 740209		Amount of Each Disbursement this Period 1520.40
City Cincinnati State OH Zip Code 45274		
Purpose of Disbursement health insurance Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Hughesnet		Transaction ID: SB21B.37186 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 96874		Amount of Each Disbursement this Period 559.97
City Chicago State IL Zip Code 60693		
Purpose of Disbursement high speed internet services Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. JAB Media		Transaction ID: SB21B.37178 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address 10194 SE 147th Avenue		Amount of Each Disbursement this Period 2193.87
City Portland State OR Zip Code 97236		
Purpose of Disbursement printing & mailing Candidate Name	Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4274.24
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)

PAGE 32 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. JAB Media		Transaction ID: SB21B.37175	
Mailing Address 10194 SE 147th Avenue		Date of Disbursement 03 / 15 / 2007	
City Portland	State OR	Zip Code 97236	Amount of Each Disbursement this Period 3251.41
Purpose of Disbursement printing & mailing expenses		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. JAB Media		Transaction ID: SB21B.37179	
Mailing Address 10194 SE 147th Avenue		Date of Disbursement 03 / 27 / 2007	
City Portland	State OR	Zip Code 97236	Amount of Each Disbursement this Period 4543.05
Purpose of Disbursement printing & mailing services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Larry Kuka		Transaction ID: SB21B.37218	
Mailing Address Box 777		Date of Disbursement 03 / 31 / 2007	
City Harrison	State TN	Zip Code 37341	Amount of Each Disbursement this Period 455.00
Purpose of Disbursement In-kind - ad placement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	8249.46
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)

PAGE 33 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Live Free or Die Campaign Supply		Transaction ID: SB21B.37198 Date of Disbursement MM / DD / YYYY 03 / 31 / 2007	
Mailing Address P.O. box 65		Amount of Each Disbursement this Period 15.00	
City Dousman State WI Zip Code 53118-0065	Purpose of Disbursement shipping	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MCI		Transaction ID: SB21B.37194 Date of Disbursement MM / DD / YYYY 03 / 31 / 2007	
Mailing Address P.O. Box 856053		Amount of Each Disbursement this Period 40.65	
City Louisville State KY Zip Code 40285	Purpose of Disbursement telephone services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gary Odom		Transaction ID: SB21B.37182 Date of Disbursement MM / DD / YYYY 03 / 14 / 2007	
Mailing Address 321 S. West End Avenue		Amount of Each Disbursement this Period 1500.00	
City Lancaster State PA Zip Code 17603	Purpose of Disbursement Field Director Services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1555.65
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)

PAGE 34 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Gary Odom		Transaction ID: SB21B.37189 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 321 S. West End Avenue		Amount of Each Disbursement this Period 1650.00
City Lancaster State PA Zip Code 17603	Category/ Type	
Purpose of Disbursement Field Director Services		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) B. Gary Odom		Transaction ID: SB21B.37191 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 321 S. West End Avenue		Amount of Each Disbursement this Period 233.56
City Lancaster State PA Zip Code 17603	Category/ Type	
Purpose of Disbursement reimburse hotel & lodging expenses		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) C. Pitney Bowes		Transaction ID: SB21B.37183 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 856390		Amount of Each Disbursement this Period 17.71
City Louisville State KY Zip Code 40285-6390	Category/ Type	
Purpose of Disbursement office postage		
Candidate Name		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1901.27
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)

PAGE 35 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Alison Potter		Transaction ID: SB21B.37208 Date of Disbursement 03 / 31 / 2007	
Mailing Address P.O. Box 187		Amount of Each Disbursement this Period 2944.94	
City Flint Hill	State VA	Zip Code 22627	Category/ Type
Purpose of Disbursement salary		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Full Name (Last, First, Middle Initial) B. PR Newswire		Transaction ID: SB21B.37199 Date of Disbursement 03 / 31 / 2007	
Mailing Address G.P.O. Box 5897		Amount of Each Disbursement this Period 355.00	
City New York	State NY	Zip Code 10087	Category/ Type
Purpose of Disbursement news release services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

Full Name (Last, First, Middle Initial) C. Response Unlimited		Transaction ID: SB21B.37227 Date of Disbursement 03 / 07 / 2007	
Mailing Address 284 Shalom Road		Amount of Each Disbursement this Period 7000.00	
City Waynesboro	State VA	Zip Code 22980-9111	Category/ Type
Purpose of Disbursement printing & mailing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

SUBTOTAL of Disbursements This Page (optional)	10299.94
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)

PAGE 36 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Response Unlimited		Transaction ID: SB21B.37228 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 284 Shalom Road		Amount of Each Disbursement this Period 791.30
City Waynesboro State VA Zip Code 22980-9111	Category/ Type	
Purpose of Disbursement printing & mailing Candidate Name		
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) ▼

Full Name (Last, First, Middle Initial) B. Joe Sanger		Transaction ID: SB21B.37220 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address 4119 Thackin Drive		Amount of Each Disbursement this Period 89.00
City Lansing State MI Zip Code 48911-1920	Category/ Type	
Purpose of Disbursement In-kind - Accounting Services Candidate Name		
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) ▼

Full Name (Last, First, Middle Initial) C. Mary Starrett		Transaction ID: SB21B.37190 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 35775 Smith Rd.		Amount of Each Disbursement this Period 118.80
City Newberg State OR Zip Code 97132	Category/ Type	
Purpose of Disbursement reimburse air fair Candidate Name		
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	999.10
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

PAGE 37 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Mary Starrett		Transaction ID: SB21B.37197 Date of Disbursement 03 / 31 / 2007	
Mailing Address 35775 Smith Rd.		Amount of Each Disbursement this Period 2200.00	
City Newberg State OR Zip Code 97132	Purpose of Disbursement Communications Director Services	Category/ Type	
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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Transaction ID: SB21B.37237 Date of Disbursement 03 / 30 / 2007	
Mailing Address 48-50 W. Chestnut Street		Amount of Each Disbursement this Period 184.00	
City Lancaster State PA Zip Code 17603	Purpose of Disbursement postal box rental	Category/ Type	
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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB21B.37184 Date of Disbursement 03 / 14 / 2007	
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 212.02	
City Baltimore State MD Zip Code 21297-0429	Purpose of Disbursement telephone services	Category/ Type	
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) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	2596.02
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Virginia Department of Taxation		Transaction ID: SB21B.37196 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 27264		Amount of Each Disbursement this Period 10.08
City Richmond State VA Zip Code 23261-7264	Purpose of Disbursement taxes Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Virginia Department of Taxation		Transaction ID: SB21B.37214 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 27264		Amount of Each Disbursement this Period 185.00
City Richmond State VA Zip Code 23261-7264	Purpose of Disbursement taxes Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Wachovia		Transaction ID: SB21B.37223 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 212 East Maple Avenue		Amount of Each Disbursement this Period 15.70
City Vienna State VA Zip Code 22180	Purpose of Disbursement bank service charge Candidate Name Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	210.78
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)

PAGE 39 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Constitution Party National Committee

Full Name (Last, First, Middle Initial) A. Wachovia		Transaction ID: SB21B.37222 Date of Disbursement MM / DD / YYYY 03 / 27 / 2007	
Mailing Address 212 East Maple Avenue		Amount of Each Disbursement this Period 287.55	
City Vienna State VA Zip Code 22180	Purpose of Disbursement credit card fees	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wachovia		Transaction ID: SB21B.37213 Date of Disbursement MM / DD / YYYY 03 / 31 / 2007	
Mailing Address 212 East Maple Avenue		Amount of Each Disbursement this Period 999.98	
City Vienna State VA Zip Code 22180	Purpose of Disbursement taxes	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. XO Communications		Transaction ID: SB21B.37200 Date of Disbursement MM / DD / YYYY 03 / 31 / 2007	
Mailing Address P.O. Box 828618		Amount of Each Disbursement this Period 1.69	
City Philadelphia State PA Zip Code 19182-8618	Purpose of Disbursement telephone services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1289.22
TOTAL This Period (last page this line number only) ▶	38485.47

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 40 / 42 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
Constitution Party National Committee

Transaction ID: SC/9.6657

LOAN SOURCE Full Name (Last, First, Middle Initial) Constitution Party of Texas	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3240 Blue-Bonnet Boulevard	
City Brenham State TX ZIP Code 77833	

Original Amount of Loan 5000.00	Cumulative Payment To Date 3795.70	Balance Outstanding at Close of This Period 1204.30
------------------------------------	---------------------------------------	--

TERMS

Date Incurred MM DD YY 05 09 1996	Date Due	Interest Rate	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------	---------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1204.30"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="1204.30"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Constitution Party National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Response Unlimited	Nature of Debt (Purpose): printing & mailing services
Mailing Address 284 Shalom Road	
City State ZIP Code Waynesboro VA 22980-9111	

Outstanding Balance Beginning This Period 9350.20	Transaction ID: SD10.36426	
Amount Incurred This Period -1000.15	Payment This Period 7791.30	Outstanding Balance at Close of This Period 558.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Virginia Employment Commission	Nature of Debt (Purpose): taxes
Mailing Address P.O. Box 27483	
City State ZIP Code Richmond VA 23261	

Outstanding Balance Beginning This Period 13.04	Transaction ID: SD10.34535	
Amount Incurred This Period 0.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 13.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wachovia	Nature of Debt (Purpose): taxes
Mailing Address 212 East Maple Avenue	
City State ZIP Code Vienna VA 22180	

Outstanding Balance Beginning This Period 56.00	Transaction ID: SD10.33736	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56.00

1) SUBTOTALS This Period This Page (optional).....	▶	628.35
2) TOTALS This Period (last page this line number only).....	▶	628.35
3) TOTALS 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)	▶	

Image# 27930555238

Form/Schedule: **F3XN** No expenditures on behalf of federal candidates were made during the period covered by this report.
Transaction ID:

Form/Schedule: **SD10** March 27, 2007 (1000.15) is an adjustment of overment made in prior period.
Transaction ID: **SD10.36426**
