

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Constitution Party 2016 Convention Committee

ADDRESS (number and street) 408 W Chestnut Street

(Check if address is changed)

Lancaster

CITY ▲

PA

STATE ▲

17603

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

tips.lodge@gmail.com

Optional Second E-Mail Address

geraldjfk@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.constitutionparty.com

2. DATE

MM / DD / YYYY
03 / 07 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00611335

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gerald F Kilpatrick

Signature of Treasurer

Gerald F Kilpatrick

[Electronically Filed]

Date

MM / DD / YYYY
07 / 11 / 2016

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a NAT (National, State or subordinate) committee of the CON (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Constitution Party 2016 Convention Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CONSTITUTION PARTY NATIONAL COMMITTEE

Mailing Address 408 W Chestnut Street
 P O Box 1782
 Lancaster PA 17603
 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Sherry Phipps
 Mailing Address 667 S 200 W
 Brigham City UT 84302
 CITY STATE ZIP CODE
 Title or Position Bookkeeper Telephone number 435 237 9822

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Gerald F Kilpatrick
 Mailing Address 20487 County Rd 33
 La Salle CO 80645
 CITY STATE ZIP CODE
 Title or Position CPA Telephone number 303 596 8132

Full Name of Designated Agent | Frank Fluckiger

Mailing Address | 1799 N Highway 89
|
| Layton | UT | 84117 |
| CITY STATE ZIP CODE

Title or Position | Chairman | Telephone number | 801 | 544 | 4056

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address | 5 N Main Street
|
| Brigham City | UT | 84302 |
| CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |
|
| CITY STATE ZIP CODE