

# 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  
 Check if different than previously reported. (ACC)  
Lancaster PA 17602

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

5. Covering Period 02 01 2008 through 02 29 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Joe Sanger  
Signature of Treasurer Electronically Filed by Joe Sanger Date 02 20 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Constitution Party National Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		22586.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	9403.72									
(c) Total Receipts (from Line 19) .....	32081.30	45444.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	41485.02	68031.06								
7. Total Disbursements (from Line 31) .....	28893.54	55439.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12591.48	12591.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1204.30									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	4861.86									

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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10390.00	14387.00
(i) Itemized (use Schedule A) .....	19691.30	29057.30
(ii) Unitemized .....	30081.30	43444.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2000.00	2000.00
(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) .....	32081.30	45444.30
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32081.30	45444.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32081.30	45444.30

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	28868.54	55414.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	28868.54	55414.58
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 .....	25.00	25.00
(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)) .....	25.00	25.00
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))..	28893.54	55439.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28893.54	55439.58

**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) .....	32081.30	45444.30
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32056.30	45419.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28868.54	55414.58
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	28868.54	55414.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<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)  
Dr. Chuck Baldwin

Mailing Address 7970 Sasser Lane

City State Zip Code  
Pensacola FL 32526

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

Name of Employer CrossRoads Baptist Church Occupation pastor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2008

**Transaction ID:** SA11AI.44701

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Adrien H Bedard

Mailing Address 349 Bond Spring Rd

City State Zip Code  
West Newfield ME 04095-3212

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 ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2008

**Transaction ID:** SA11AI.45345

Amount of Each Receipt this Period  
360.00

**C.** Full Name (Last, First, Middle Initial)  
Don Capone

Mailing Address 7 New St.

City State Zip Code  
Norwalk CT 06855

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

Name of Employer self Occupation landscaper

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2008

**Transaction ID:** SA11AI.44956

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1110.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32  
(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)  
James N. Clymer

Mailing Address 301 Letort Rd

City State Zip Code  
Millersville PA 17551-9655

FEC ID number of contributing federal political committee. C

Name of Employer Clymer & Musser Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 14 / 2008

**Transaction ID:** SA11AI.44846

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David C. Crowell, Esq.

Mailing Address 3610 W Jetton Ave

City State Zip Code  
Tampa FL 33679

FEC ID number of contributing federal political committee. C

Name of Employer Outback Sports Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 22 / 2008

**Transaction ID:** SA11AI.45203

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3610 W Jetton Ave

City State Zip Code  
Tampa FL 33679

FEC ID number of contributing federal political committee. C

Name of Employer Outback Sports Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
02 / 22 / 2008

**Transaction ID:** SA11AI.45204

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<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. Donald D. Ellenbaum

Mailing Address 2803 S Denison Ave

City San Pedro State CA Zip Code 90731-6604

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 02 / 27 / 2008

Transaction ID: SA11AI.45330

Amount of Each Receipt this Period 480.00

**B.**

Full Name (Last, First, Middle Initial)  
Don Folkers

Mailing Address 4 Mills Road

City Newcastle State ME Zip Code 04553

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2008

Transaction ID: SA11AI.45038

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Elliott Graham

Mailing Address 1230 Swarthmore Dr

City Glendale State CA Zip Code 91206-1526

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 ▼ 250.00

Date of Receipt 02 / 27 / 2008

Transaction ID: SA11AI.45293

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1230.00

**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Leo Heinze	Date of Receipt MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 509 4 Ave. SW	<b>Transaction ID:</b> SA11AI.45274
	City State Zip Code Long Prairie MN 56347	Amount of Each Receipt this Period 250.00
	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 ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Miss Betty C. Heldstab	Date of Receipt MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 411 W 8th St	<b>Transaction ID:</b> SA11AI.45324
	City State Zip Code Crookston MN 56716-1201	Amount of Each Receipt this Period 600.00
	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 ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. & Mrs. William Hemenway	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address N15 W22294 Watertown Road	<b>Transaction ID:</b> SA11AI.45197
	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<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. Thom Holmes

Mailing Address 4449 East 99th

City State Zip Code  
Chandler OK 74834

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

Name of Employer Occupation  
Devon Energy Petroleum Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** SA11AI.44680

Amount of Each Receipt this Period  
360.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel S Kauffman

Mailing Address 801 Mountainview PI

City State Zip Code  
Anderson SC 29626-5129

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 ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2008

**Transaction ID:** SA11AI.45267

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel S Kauffman

Mailing Address 801 Mountainview PI

City State Zip Code  
Anderson SC 29626-5129

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 ▼  
265.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2008

**Transaction ID:** SA11AI.45268

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 32  
(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)  
Patrick Kemp

Mailing Address 2900 Shipmaster Way Apt 301

City State Zip Code  
Annapolis MD 21401-7820

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 ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2008

**Transaction ID:** SA11AI.45306

Amount of Each Receipt this Period  
360.00

**B.**

Full Name (Last, First, Middle Initial)  
Chris Krueger

Mailing Address 342 Quail Run Dr

City State Zip Code  
Moscow ID 83843

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

Name of Employer Occupation  
self cleaning & restoration

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2008

**Transaction ID:** SA11AI.45056

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Annette C. Lebow

Mailing Address 465 Southern Oaks Dr

City State Zip Code  
Lake Jackson TX 77566-4513

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2008

**Transaction ID:** SA11AI.45369

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1610.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 32

(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)  
Rick OSteen

Mailing Address 2609 SW 112th

City State Zip Code  
Oklahoma City OK 73170

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

Name of Employer Occupation  
OSteen Meat Specialties manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.45131

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Peck

Mailing Address 4610 S Bates Road

City State Zip Code  
Spokane WA 99206-9476

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

Name of Employer Occupation  
self property management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.44687

Amount of Each Receipt this Period  
360.00

**C.**

Full Name (Last, First, Middle Initial)  
Evelyn Roy

Mailing Address 423 Gloucester Dr

City State Zip Code  
Costa Mesa CA 92627-2115

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 ▼  
360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.45312

Amount of Each Receipt this Period  
360.00

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

820.00

**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 ▼  
1922.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2008

**Transaction ID:** SA11AI.44844

Amount of Each Receipt this Period  
100.00

**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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2072.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2008

**Transaction ID:** SA11AI.44566

Amount of Each Receipt this Period  
150.00

In-kind - Accounting Services

**C.**

Full Name (Last, First, Middle Initial)  
William Taylor

Mailing Address 5326 S. Farmer Ave.

City State Zip Code  
Tempe AZ 85283

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

Name of Employer self Occupation  
Belcan Corporation Mechanical Designer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** SA11AI.44756

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 14 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Constitution Party National Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James H. Ware, Jr.  
 Mailing Address 1512 S Wood Haven St.  
 City State Zip Code  
 Baton Rouge LA 70815-4865  
 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 ▼  
 450.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 7 / 2 0 0 8  
**Transaction ID:** SA11AI.45273  
 Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven M. Zettle  
 Mailing Address 554 E Linden St  
 City State Zip Code  
 Fleetwood PA 19522-1621  
 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 ▼  
 420.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 7 / 2 0 0 8  
**Transaction ID:** SA11AI.45341  
 Amount of Each Receipt this Period  
 420.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **470.00**  
**TOTAL** This Period (last page this line number only) ..... ► **10390.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 32	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)  
Constitution Party of Kentucky

Mailing Address 6040 Ashgrove Road

City State Zip Code  
Nicholasville KY 40356

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: SA11B.45404

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

# 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)

PAGE 16 / 32

<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

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

A.	Full Name (Last, First, Middle Initial) AT & T	Transaction ID: SB21B.44601
	Mailing Address P.O. Box 9001309	Date of Disbursement 02 / 29 / 2008
	City Louisville State KY Zip Code 40290-1309	Amount of Each Disbursement this Period 87.36
	Purpose of Disbursement Telephone 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) ▼

B.	Full Name (Last, First, Middle Initial) Authorize.Net	Transaction ID: SB21B.44571
	Mailing Address 915 South 500 East, Suite 200	Date of Disbursement 02 / 15 / 2008
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period 43.10
	Purpose of Disbursement Electronic Gateway 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) ▼

C.	Full Name (Last, First, Middle Initial) Scott Bartlett	Transaction ID: SB21B.44591
	Mailing Address 5905 W.Bakker Park Drive	Date of Disbursement 02 / 14 / 2008
	City Sioux Falls State SD Zip Code 57106	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Reimburse Printing & Postage 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>530.46</b>
<b>TOTAL</b> 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 17 / 32

<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.	Full Name (Last, First, Middle Initial) Capitol Concepts	Transaction ID: SB21B.44592 Date of Disbursement 02 / 29 / 2008
	Mailing Address 186 Ryndon Unit 12	Amount of Each Disbursement this Period 2500.00
	City Elko State NV Zip Code 89801	
	Purpose of Disbursement Ballot Access Coordination Services	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Damascus	Transaction ID: SB21B.44604 Date of Disbursement 02 / 29 / 2008
	Mailing Address 108 Meadows Lane	Amount of Each Disbursement this Period 600.00
	City Alexandria State VA Zip Code 22304	
	Purpose of Disbursement Database Services	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.44602 Date of Disbursement 02 / 29 / 2008
	Mailing Address P.O. Box 96064	Amount of Each Disbursement this Period 101.45
	City Charlotte State NC Zip Code 28296	
	Purpose of Disbursement Telephone Services	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3201.45
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Michael Gambrell</p> <p>Mailing Address 4137 Breezewood Avenue</p> <p>City Dayton State OH Zip Code 45406</p> <p>Purpose of Disbursement Ballot Access Petitioning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.44572</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 308.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Gambrell</p> <p>Mailing Address 4137 Breezewood Avenue</p> <p>City Dayton State OH Zip Code 45406</p> <p>Purpose of Disbursement Ballot Access Petitioning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.44575</p> <p>Date of Disbursement MM / DD / YYYY 02 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 367.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Gambrell</p> <p>Mailing Address 4137 Breezewood Avenue</p> <p>City Dayton State OH Zip Code 45406</p> <p>Purpose of Disbursement Ballot Access Petitioning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.44578</p> <p>Date of Disbursement MM / DD / YYYY 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 167.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	842.00
<b>TOTAL</b> 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.

Full Name (Last, First, Middle Initial)  
Michael Gambrell

Transaction ID: SB21B.44583  
Date of Disbursement

Mailing Address 4137 Breezewood Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	8

City State Zip Code  
Dayton OH 45406

Amount of Each Disbursement this Period

337.00
--------

Purpose of Disbursement  
Ballot Access Petitioning  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Grassroots Consulting

Transaction ID: SB21B.44587  
Date of Disbursement

Mailing Address 408 West Chestnut Street

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City State Zip Code  
Lancaster PA 17603

Amount of Each Disbursement this Period

1730.77
---------

Purpose of Disbursement  
Grassroots Development Services  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Grassroots Consulting

Transaction ID: SB21B.44589  
Date of Disbursement

Mailing Address 408 West Chestnut Street

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City State Zip Code  
Lancaster PA 17603

Amount of Each Disbursement this Period

1730.77
---------

Purpose of Disbursement  
Grassroots Development Services  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

3798.54
---------

TOTAL This Period (last page this line number only) .....

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**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 20 / 32

<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.	Full Name (Last, First, Middle Initial) JAB Media	Transaction ID: SB21B.44573 Date of Disbursement 02 / 01 / 2008
	Mailing Address 10194 SE 147th Avenue	Amount of Each Disbursement this Period 2000.00
	City Portland State OR Zip Code 97236	
	Purpose of Disbursement Printing & Mailing Services	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) JAB Media	Transaction ID: SB21B.44574 Date of Disbursement 02 / 07 / 2008
	Mailing Address 10194 SE 147th Avenue	Amount of Each Disbursement this Period 1166.38
	City Portland State OR Zip Code 97236	
	Purpose of Disbursement Printing & Mailing Services	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) JAB Media	Transaction ID: SB21B.44581 Date of Disbursement 02 / 22 / 2008
	Mailing Address 10194 SE 147th Avenue	Amount of Each Disbursement this Period 2473.77
	City Portland State OR Zip Code 97236	
	Purpose of Disbursement Printing & Mailing Services	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5640.15
<b>TOTAL</b> 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 21 / 32

<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.	Full Name (Last, First, Middle Initial) Gary Patterson	Transaction ID: SB21B.44606 Date of Disbursement 02 / 29 / 2008
	Mailing Address 327 North Lime Street	Amount of Each Disbursement this Period 510.00
	City Lancaster State PA Zip Code 17602	
	Purpose of Disbursement Office Rent	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Pitney Bowes	Transaction ID: SB21B.44600 Date of Disbursement 02 / 29 / 2008
	Mailing Address P.O. Box 856390	Amount of Each Disbursement this Period 456.86
	City Louisville State KY Zip Code 40285-6390	
	Purpose of Disbursement Maintenance Fee	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Alison Potter	Transaction ID: SB21B.44605 Date of Disbursement 02 / 29 / 2008
	Mailing Address P.O. Box 187	Amount of Each Disbursement this Period 3081.93
	City Flint Hill State VA Zip Code 22627	
	Purpose of Disbursement Salary	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4048.79
<b>TOTAL</b> 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.	Full Name (Last, First, Middle Initial) PPL Utilities	Transaction ID: SB21B.44590 Date of Disbursement
	Mailing Address 2 North 9th Street	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Allentown State PA Zip Code 18104-1175	Amount of Each Disbursement this Period
	Purpose of Disbursement Electric Utilities	<input type="text" value="64.66"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Joe Sanger	Transaction ID: SB21B.44567 Date of Disbursement
	Mailing Address 4119 Thackin Drive	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Lansing State MI Zip Code 48911-1920	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Accounting Services	<input type="text" value="150.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Larry Schumacher	Transaction ID: SB21B.44576 Date of Disbursement
	Mailing Address 5817 East 21st Street	<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Tulsa State OK Zip Code 47114	Amount of Each Disbursement this Period
	Purpose of Disbursement Ballot Access Petitioning	<input type="text" value="400.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="614.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 23 / 32

<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.	Full Name (Last, First, Middle Initial) Larry Schumacher	Transaction ID: SB21B.44579 Date of Disbursement MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 5817 East 21st Street	Amount of Each Disbursement this Period 987.00
	City Tulsa State OK Zip Code 47114	
	Purpose of Disbursement Ballot Access Petitioning	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:	

B.	Full Name (Last, First, Middle Initial) Larry Schumacher	Transaction ID: SB21B.44580 Date of Disbursement MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 5817 East 21st Street	Amount of Each Disbursement this Period 300.00
	City Tulsa State OK Zip Code 47114	
	Purpose of Disbursement Ballot Access Petitioning	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:	

C.	Full Name (Last, First, Middle Initial) Larry Schumacher	Transaction ID: SB21B.44582 Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 5817 East 21st Street	Amount of Each Disbursement this Period 610.00
	City Tulsa State OK Zip Code 47114	
	Purpose of Disbursement Ballot Access Petitioning	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) .....

1897.00

TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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<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.	Full Name (Last, First, Middle Initial) Larry Schumacher	Transaction ID: SB21B.44584 Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 5817 East 21st Street	Amount of Each Disbursement this Period 325.00
	City Tulsa State OK Zip Code 47114	
	Purpose of Disbursement Ballot Access Petitioning	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Larry Schumacher	Transaction ID: SB21B.44585 Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 5817 East 21st Street	Amount of Each Disbursement this Period 845.00
	City Tulsa State OK Zip Code 47114	
	Purpose of Disbursement Ballot Access Petitioning	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Mary Starrett	Transaction ID: SB21B.44593 Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 35775 Smith Rd.	Amount of Each Disbursement this Period 2276.67
	City Newberg State OR Zip Code 97132	
	Purpose of Disbursement Communications Services	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3446.67
<b>TOTAL</b> 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)

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<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.	Full Name (Last, First, Middle Initial) Mary Starrett	Transaction ID: SB21B.44594 Date of Disbursement 02 / 29 / 2008
	Mailing Address 35775 Smith Rd.	Amount of Each Disbursement this Period 148.00
	City Newberg State OR Zip Code 97132	
	Purpose of Disbursement Reimburse Telephone 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) ▼

B.	Full Name (Last, First, Middle Initial) Virginia Department of Taxation	Transaction ID: SB21B.44608 Date of Disbursement 02 / 28 / 2008
	Mailing Address P.O. Box 27264	Amount of Each Disbursement this Period 196.00
	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) ▼

C.	Full Name (Last, First, Middle Initial) Wachovia	Transaction ID: SB21B.44565 Date of Disbursement 02 / 28 / 2008
	Mailing Address 212 East Maple Avenue	Amount of Each Disbursement this Period 2551.96
	City Vienna State VA Zip Code 22180	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2895.96
<b>TOTAL</b> 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 26 / 32

<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.	Full Name (Last, First, Middle Initial) Wachovia	Transaction ID: SB21B.44569
	Mailing Address 212 East Maple Avenue	Date of Disbursement MM / DD / YYYY 02 / 28 / 2008
	City Vienna State VA Zip Code 22180	Amount of Each Disbursement this Period 429.12
	Purpose of Disbursement Credit Card Fees	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Wachovia	Transaction ID: SB21B.44570
	Mailing Address 212 East Maple Avenue	Date of Disbursement MM / DD / YYYY 02 / 28 / 2008
	City Vienna State VA Zip Code 22180	Amount of Each Disbursement this Period 64.00
	Purpose of Disbursement bank service charge	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Danielle Warren	Transaction ID: SB21B.44586
	Mailing Address 586 East Front Street	Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	City Marietta State PA Zip Code 17547	Amount of Each Disbursement this Period 618.76
	Purpose of Disbursement Salary	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1111.88
<b>TOTAL</b> 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)

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<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.

Full Name (Last, First, Middle Initial)  
Danielle Warren

Mailing Address 586 East Front Street

City State Zip Code  
Marietta PA 17547

Purpose of Disbursement  
Salary  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.44603  
Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2008

Amount of Each Disbursement this Period

546.18

B.

Full Name (Last, First, Middle Initial)  
Wisdom's Gate

Mailing Address P.O. Box 374

City State Zip Code  
Covert MI 49043

Purpose of Disbursement  
Advertising  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.44598  
Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2008

Amount of Each Disbursement this Period

294.80

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

840.98

TOTAL This Period (last page this line number only) ..... ►

28868.54

**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 / 32

<input 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 checked="" 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.

Full Name (Last, First, Middle Initial)  
MJS Rentals, Inc.

Transaction ID: SB28A.44596

Date of Disbursement

Mailing Address 435 Falcon Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City State Zip Code  
Greenville NC 27834

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Refund Corporate Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

25.00

TOTAL This Period (last page this line number only) .....

25.00

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

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:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 3240 Blue-Bonnet Boulevard

City Brenham State TX ZIP Code 77833

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

**TERMS**

Date Incurred: M M 05, D D 09, Y Y Y Y 1996  
Date Due: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % (apr)  
Secured:  Yes  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: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1204.30
<b>TOTALS</b> This Period (last page in this line only) .....	▶	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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Bureau of Employer Tax Operations			Nature of Debt (Purpose): taxes
Mailing Address PA UC Fund P.O. Box 68568			
City Harrisburg	State PA	ZIP Code 17106-8568	

Outstanding Balance Beginning This Period <input type="text" value="86.23"/>		<b>Transaction ID: SD10.39792</b>	
Amount Incurred This Period <input type="text" value="78.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="164.23"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PA Department of Revenue			Nature of Debt (Purpose): taxes
Mailing Address Dept. 280415			
City Harrisburg	State PA	ZIP Code 17128-0415	

Outstanding Balance Beginning This Period <input type="text" value="44.00"/>		<b>Transaction ID: SD10.39789</b>	
Amount Incurred This Period <input type="text" value="40.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="84.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="4526.00"/>		<b>Transaction ID: SD10.38691</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4526.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4774.23"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**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

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

Outstanding Balance Beginning This Period <input type="text" value="4.83"/>		<b>Transaction ID: SD10.44550</b>	
Amount Incurred This Period <input type="text" value="4.77"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9.60"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="43.79"/>		<b>Transaction ID: SD10.39796</b>	
Amount Incurred This Period <input type="text" value="34.24"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="78.03"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1290.54"/>		<b>Transaction ID: SD10.42650</b>	
Amount Incurred This Period <input type="text" value="1261.42"/>	Payment This Period <input type="text" value="2551.96"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="87.63"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text" value="4861.86"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="4861.86"/>

Image# 28990646621

Form/Schedule: **F3XN**

Transaction ID:

No direct expenditures were made on behalf of federal candidates during this reporting period. All administrative expenses made for purposes of operating a political committee including, but not limited to, rent, utilities, salaries, telephone service, office equipment, and supplies are accurately reported.

\*\*\*\*\*