

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE BY FULL <input type="checkbox"/> (Check if name is changed): <p style="text-align: center; font-size: 1.2em;">Keyes 2000, Inc.</p>	2. DATE <p style="text-align: center; font-size: 1.2em;">6/16/99</p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed): <p style="text-align: center; font-size: 1.2em;">4700 Surry Place</p>	3. FEC Identification Number: <p style="text-align: center; font-size: 1.2em;">52-1999121</p>
(c) City, State and ZIP Code: <p style="text-align: center; font-size: 1.2em;">Alexandria, VA 22304</p>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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**5. TYPE OF COMMITTEE (Check one)**

- (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<br><p style="text-align: center; font-size: 1.2em;">Alan L. Keyes</p> | Candidate Party Affiliation<br><p style="text-align: center; font-size: 1.2em;">Republican</p> | Office Sought<br><p style="text-align: center; font-size: 1.2em;">President</p> | State/District<br><p style="text-align: center; font-size: 1.2em;">USA</p> |
|---|--|---|--|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
  - (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
  - (e) This committee is a separate segregated fund
  - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**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	Mailing Address	Title or Position
Polan, White & Associates, PC	1901 Research Blvd., #300	Accountants

**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	Mailing Address	Title or Position
William Leo Constantine	14 Canterbury Square, #302 Alexandria, VA 22304	Treasurer

**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.	Mailing Address and ZIP Code
First Union National Bank	P.O. Box 13327, Roanoke, VA 24040-7314
Norwest Bank	100 West Washington, Phoenix, AZ 85003
Sterling Bank	P.O. Box 40333, Houston, TX 77240-0333

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 <p style="text-align: center; font-size: 1.2em;">William Leo Constantine</p>	SIGNATURE OF TREASURER 	DATE <p style="text-align: center; font-size: 1.2em;">6/17/99</p>
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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.

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For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-218-9420

FESAN121

**FEC FORM 1**  
(revised 4/87)

Ray Lisi  
Director Audit Division  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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Dear Mr. Lisi;

I just wanted to drop you a note to introduce myself. My name is Bill Constantine. I will be the treasurer of Keyes 2000, Inc. My office phone is (301) 738-1120, and my home phone is (703) 751-6315. I look forward to working with you. If you have any questions, please feel free to call me at any time.

I would like to request any information you have on campaign financing. Please send as much information as possible to Bill Constantine, c/o Polar, White & Associates, P.C. 1901 Research Blvd. Suite 300 Rockville, MD 20850. Any assistance or information you can provide will be greatly appreciated.

Thank You  
Sincerely,

Bill Constantine

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>6-17-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>6-17-99</i> DATE PREPARED