

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

Ella Ward for Congress

ADDRESS (number and street)  
1517 Pine Grove Lane

Check if different than previously reported. (ACC)

Chesapeake

VA

23321

2. **FEC IDENTIFICATION NUMBER**

C C00511832

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

VA

04

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 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 11 / 06 / 2012 in the State of VA

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on / / 2012 in the State of

5. Covering Period

10 / 01 / 2012

through

10 / 17 / 2012

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 Rita L. Gary

Signature of Treasurer Rita L. Gary

[Electronically Filed]

Date

01 / 29 / 2013

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								
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### FEC FORM 3

(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Ella Ward for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2060.24	61465.13
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2060.24	60965.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11239.72	63401.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11239.72	63401.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4870.96	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7103.00	

**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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Ella Ward for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1200.00	28665.57
(ii) Unitemized.....	860.24	29254.56
(iii) TOTAL of contributions from individuals ▶	2060.24	57920.13
(b) Political Party Committees.....	0.00	2895.00
(c) Other Political Committees (such as PACs).....	0.00	550.00
(d) The Candidate.....	0.00	100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2060.24	61465.13
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	7103.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	7103.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	204.41
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	2060.24	68772.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11239.72	63401.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11239.72	63901.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14050.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2060.24
25. SUBTOTAL (add Line 23 and Line 24).....	16110.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11239.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4870.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Ella Ward for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Chesapeake Democratic Women**

Mailing Address 636 Ridge Circle

City State Zip Code  
Chesapeake VA 23320

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2012

**Transaction ID : SA11AI.5485**

Amount of Each Receipt this Period  
250.00  
donation

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Evelyn A. Hyman**

Mailing Address 1706 Parker Avenue

City State Zip Code  
Portsmouth VA 23704

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

Name of Employer Occupation  
Retired Retired educator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2012

**Transaction ID : SA11AI.5494**

Amount of Each Receipt this Period  
100.00  
donation

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Melvin Marriner**

Mailing Address 1616 Clarks Cir

City State Zip Code  
Chesapeake VA 23321

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

Name of Employer Occupation  
Self employed Minister

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 09 / 2012

**Transaction ID : SA11AI.5488**

Amount of Each Receipt this Period  
500.00  
donation

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ella Ward for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Reeder**

Mailing Address 23236 Jay Street

City State Zip Code  
Franklin VA 23851

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

Name of Employer Occupation  
Travel Inc Travel agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.12**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : SA11AI.5466**

Amount of Each Receipt this Period  
 250.00  
 donation

**B.** Full Name (Last, First, Middle Initial)  
**William E. Ward**

Mailing Address 1432 Waterside Dr. N

City State Zip Code  
Chesapeake VA 23320

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

Name of Employer Occupation  
Retired College professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : SA11AI.5487**

Amount of Each Receipt this Period  
 100.00  
 donation

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**350.00**

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ella Ward for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACTBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address P O Box 382110		Amount of Each Disbursement this Period 16.23 <b>Transaction ID : SB17.5458</b>
City Cambridge	State MA	
Purpose of Disbursement Service fees		Category/ Type 001
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VA	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Adver-tees</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address 943 Canal Drive		Amount of Each Disbursement this Period 288.75 <b>Transaction ID : SB17.5434</b>
City Chesapeake	State VA	
Purpose of Disbursement T-shirts for Campaign		Category/ Type 004
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VA	District: 04	

Full Name (Last, First, Middle Initial) <b>c. Allstate Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address Portsmouth Blvd		Amount of Each Disbursement this Period 229.00 <b>Transaction ID : SB17.5455</b>
City Portsmouth	State VA	
Purpose of Disbursement Liability insurance for Campaign HDqtrs		Category/ Type 001
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VA	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	533.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ella Ward for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Promotions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address P O Box 231		Amount of Each Disbursement this Period 5386.00 <b>Transaction ID : SB17.5432</b>
City Glenside	State PA	
Zip Code 19038	Purpose of Disbursement Campaign Signs	Category/ Type
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 04	

Full Name (Last, First, Middle Initial) <b>B. Churchland Printing and Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address P. O. Box 6363		Amount of Each Disbursement this Period 290.00 <b>Transaction ID : SB17.5431</b>
City Portsmouth	State VA	
Zip Code 23703	Purpose of Disbursement Printing - Campaign Bumper Stickers	Category/ Type
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 04	

Full Name (Last, First, Middle Initial) <b>c. Economy Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2012
Mailing Address 4519 George Washington HWY		Amount of Each Disbursement this Period 1386.00 <b>Transaction ID : SB17.5445</b>
City Portsmouth	State VA	
Zip Code 23702	Purpose of Disbursement Printing -palm cards	Category/ Type
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7062.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ella Ward for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ennis Media Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 403 Las Gaviotas Blvd		Amount of Each Disbursement this Period 280.00
City Chesapeake	State VA Zip Code 23322	
Purpose of Disbursement Ad in the Citizen of Chesapeake newspaper		<b>Transaction ID : SB17.5448</b>
Candidate Name <b>Ella Ward for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2012	Category/Type 004
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: VA District: 04		

Full Name (Last, First, Middle Initial) <b>B. Melinda Gainer</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 2925 Hilton Avenue		Amount of Each Disbursement this Period 750.00
City Chesapeake	State VA Zip Code 23324	
Purpose of Disbursement Campaign Manager services		<b>Transaction ID : SB17.5450</b>
Candidate Name <b>Ella Ward for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2012	Category/Type 001
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: VA District: 04		

Full Name (Last, First, Middle Initial) <b>c. Ivy Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 215 N Saratoga St		Amount of Each Disbursement this Period 150.00
City Suffolk	State VA Zip Code 23434	
Purpose of Disbursement Cavasser		<b>Transaction ID : SB17.5453</b>
Candidate Name <b>Ella Ward for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2012	Category/Type 003
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: VA District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1180.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ella Ward for Congress**

Full Name (Last, First, Middle Initial) <b>A. Thelma Hinton</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2012</b>
Mailing Address <b>2210 East Washington St</b>		Amount of Each Disbursement this Period <b>150.00</b> <b>Transaction ID : SB17.5451</b>
City <b>Suffolk</b> State <b>VA</b> Zip Code <b>23434</b>	Purpose of Disbursement <b>Canvasser</b> Category/Type <b>003</b>	
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>04</b>	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. The Runnymede Corp</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2012</b>
Mailing Address <b>600 2nd St. Suite 400</b>		Amount of Each Disbursement this Period <b>645.00</b> <b>Transaction ID : SB17.5444</b>
City <b>Virginia Beach</b> State <b>VA</b> Zip Code <b>23451</b>	Purpose of Disbursement <b>October rent for Campaign Hdqtrs</b> Category/Type <b>001</b>	
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>04</b>	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2012</b>
Mailing Address <b>P O Box 660720</b>		Amount of Each Disbursement this Period <b>539.55</b> <b>Transaction ID : SB17.5443</b>
City <b>Dallas</b> State <b>TX</b> Zip Code <b>75266</b>	Purpose of Disbursement <b>Telephone Service for Campaign Hdqtrs</b> Category/Type <b>001</b>	
Candidate Name <b>Ella Ward for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>04</b>	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1334.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ella Ward for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2012</b>
Mailing Address <b>P O Box 4003</b>		Amount of Each Disbursement this Period <b>179.19</b>
City <b>Acwalth</b> State <b>CA</b> Zip Code <b>30101</b>	Category/Type <b>001</b>	
Purpose of Disbursement <b>Campaign cell phone bill for Candidate &amp; Campaign Mngr</b>		<b>Transaction ID : SB17.5457</b>
Candidate Name <b>Ella Ward for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>04</b>	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. WGGM Radio</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2012</b>
Mailing Address <b>4301 W Hundred Rd</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>Chester</b> State <b>VA</b> Zip Code <b>23831</b>	Category/Type <b>004</b>	
Purpose of Disbursement <b>30 Radio spots</b>		<b>Transaction ID : SB17.5446</b>
Candidate Name <b>Ella Ward for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: <b>04</b>	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
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).....	<b>479.19</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>10589.72</b>

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

NAME OF COMMITTEE (In Full) **Ella Ward for Congress** Transaction ID : **SC/10.4139**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012  
**Ella P. Ward**  Primary  
 Mailing Address General  
 1517 Pine Grove Lane  Other (specify) ▼

City State ZIP Code  
 Chesapeake VA 23321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 01 / D 19 / Y 2012 M M / D D / Y 06/30/2012 0.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 3500.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

NAME OF COMMITTEE (In Full) **Ella Ward for Congress** Transaction ID : **SC/10.4934**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Ella P. Ward</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1517 Pine Grove Lane	

City	State	ZIP Code
Chesapeake	VA	23321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3603.00	0.00	3603.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 29 / 2012	12/31/2012	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. 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).....	3603.00
<b>TOTALS</b> This Period (last page in this line only).....	7103.00

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