

# 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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
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 06 / 12 / 2012 in the State of VA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 06 / 12 / 2012 in the State of VA

5. Covering Period 04 / 01 / 2012 through 05 / 23 / 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 06 / 01 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	6645.00	19540.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6645.00	19540.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9817.23	16508.92
(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)).....	9817.23	16508.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6540.49	
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).....	3500.00	

**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).....	1975.00	6025.00
(ii) Unitemized.....	3620.00	12365.00
(iii) TOTAL of contributions from individuals ▶	5595.00	18390.00
(b) Political Party Committees.....	500.00	500.00
(c) Other Political Committees (such as PACs).....	550.00	550.00
(d) The Candidate.....	0.00	100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6645.00	19540.00
<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	3500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	3500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	9.17	9.41
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	6654.17	23049.41

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9817.23	16508.92
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	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9817.23	16508.92

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9703.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6654.17
25. SUBTOTAL (add Line 23 and Line 24).....	16357.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9817.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6540.49

**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 14
	<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)  
**Mrs. Evelyn A. Hyman**

Mailing Address 1706 Parker Avenue

City Portsmouth State VA Zip Code 23704

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

Name of Employer Retired Occupation Retired educator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2012**

**Transaction ID : SA11AI.4510**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1706 Parker Avenue

City Portsmouth State VA Zip Code 23704

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

Name of Employer Retired Occupation Retired educator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : SA11AI.4588**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 216 Sparrow Rd.

City Chesapeake State VA Zip Code 23325

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

Name of Employer Greenbrier Family Practice Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2012**

**Transaction ID : SA11AI.4503**

Amount of Each Receipt this Period  
**25.00**

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

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

**225.00**

**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 14
	<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)  
**Wynne E. Legrow MD**

Mailing Address 305 Jefferson Street

City State Zip Code  
Emporia VA 23847

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

Name of Employer Occupation  
Self - employed Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 25 / 2012

**Transaction ID : SA11AI.4537**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Henry D. Light**

Mailing Address 1221 S. Fairwater Drive

City State Zip Code  
Norfolk VA 23508

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 09 / 2012

**Transaction ID : SA11AI.4494**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2500 E Cary Street  
Apt 516

City State Zip Code  
Richmond VA 23223

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

**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 7 OF 14			
	<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)  
**Alexander Taylor**

Mailing Address 3809 Woodmoor Ct

City Chesapeake State VA Zip Code 23321

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

Name of Employer US Information Technologies, I Occupation Database Administrator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012

**Transaction ID : SA11Al.4467**

Amount of Each Receipt this Period  
 500.00

**B.** 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

**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).....

500.00

1975.00

**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 8 OF 14	
	<input type="checkbox"/> 11a 12	<input checked="" 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)  
**Democratic Party of VA - Women's Caucus**

Mailing Address 1710 E. Franklin Street

City Richmond State VA Zip Code 23223

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012

**Transaction ID : SA11B.4583**

Amount of Each Receipt this Period  
 500.00

**B.** 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

**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).....

500.00

500.00



**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 9 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)  
**Willie C. Cooper**

Mailing Address 2126 Rock Creek Drive

City Chesapeake State VI Zip Code 23325

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012

**Transaction ID : SA11C.4593**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Democratic Party of Nottaway County**

Mailing Address 100 W. Carolina Avenue

City Crewe State VA Zip Code 23930

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012

**Transaction ID : SA11C.4590**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 4337 Midfield Pkwy

City Portsmouth State VA Zip Code 23703

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

Name of Employer Occupation  
 Hanmpton VA Medical Center  
 Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012

**Transaction ID : SA11C.4592**

Amount of Each Receipt this Period  
 250.00

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

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

550.00

550.00

**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 10 OF 14			
	<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. Churchland Printing and Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address P. O. Box 6363		Amount of Each Disbursement this Period 699.86 <b>Transaction ID : SB17.4447</b>
City Portsmouth	State VA	
Zip Code 23703	Purpose of Disbursement Printing services	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 checked="" type="checkbox"/> Primary <input 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 05 / 19 / 2012
Mailing Address P. O. Box 6363		Amount of Each Disbursement this Period 165.00 <b>Transaction ID : SB17.4460</b>
City Portsmouth	State VA	
Zip Code 23703	Purpose of Disbursement Printing services	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 04	

Full Name (Last, First, Middle Initial) <b>c. Harambee Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address P O Box 5422		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4439</b>
City Suffolk	State VA	
Zip Code 23434	Purpose of Disbursement Campaign Ad in newspaper	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1664.86
<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 14			
	<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. Runnymede Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 600 22nd Street Suite 400		Amount of Each Disbursement this Period 968.00
City Virginia Beach	State VA Zip Code 23451	
Purpose of Disbursement Campaign headquarters Rent	Category/Type 001	<b>Transaction ID : SB17.4442</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 04		

Full Name (Last, First, Middle Initial) <b>B. Tim Ferguson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address 710 Sailfish Quay		Amount of Each Disbursement this Period 350.00
City Chesapeake	State VA Zip Code 23320	
Purpose of Disbursement Entertainment music	Category/Type 003	<b>Transaction ID : SB17.4451</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 04		

Full Name (Last, First, Middle Initial) <b>c. Rita L. Gary</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 3116 Bruno Drive		Amount of Each Disbursement this Period 250.00
City Chesapeake	State VA Zip Code 23323	
Purpose of Disbursement Campaign finance filing	Category/Type 001	<b>Transaction ID : SB17.4452</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1568.00
<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 12 OF 14			
	<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. Designs Inc. Portsmouth</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 4204 Portsmouth Blvd		Amount of Each Disbursement this Period 293.64 <b>Transaction ID : SB17.4444</b>
City Portsmouth	State VI	
Purpose of Disbursement Campaign Banner and Magnets		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 04		

Full Name (Last, First, Middle Initial) <b>B. It's All Good 2</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address 2407 Bainbridge Blve		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4450</b>
City Chesapeake	State VA	
Purpose of Disbursement Catering services		Category/ Type 003
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 04		

Full Name (Last, First, Middle Initial) <b>c. PCS Marketing Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 2534 Commerce Blvd		Amount of Each Disbursement this Period 5388.75 <b>Transaction ID : SB17.4453</b>
City Cincinnati	State OH	
Purpose of Disbursement Campaign Signs		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5982.39
<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 13 OF 14		
	<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. New Chesapeake Men of Progress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 13 / 2012</b>
Mailing Address 1432 Waterside Drive S.		Amount of Each Disbursement this Period <b>400.00</b>
City Chesapeake State VA Zip Code 23320	Purpose of Disbursement Sponsorship - Black Male Scholarship Breakfast <b>004</b> 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 State: VA District: 04	<b>Transaction ID : SB17.4448</b>
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</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 <b>Category/Type</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>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 <b>Category/Type</b>	
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>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>9615.25</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) **Ella P. Ward** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 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
3500.00	0.00	3500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
01 / 19 / 2012	06/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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).....	3500.00
<b>TOTALS</b> This Period (last page in this line only).....	3500.00

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