

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

12 APR 17 PM 2:01

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 DALE ASH FOR UNITED STATES SENATE

ADDRESS (number and street) 1906 E FOXMOOR CIR SANDY VT 84092

2. FEC IDENTIFICATION NUMBER C00509497 3. IS THIS REPORT NEW (N) OR AMENDED (A) X NEW (N) OR AMENDED (A) VT

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 04/21/2012 in the State of VT

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 12/20/2011 through 04/01/2012

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 LARRY L NEWTON Signature of Treasurer Larry L Newton Date 04/11/2012

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

Office Use Only FECSAN018 FEC FORM 3 (Revised 02/2003)

12020293190

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DALE ASH for UNITED STATES SENATE

Report Covering the Period: From:

MM *DD* *YYYY*
12 *20* *2011*

To:

MM *DD* *YYYY*
04 *01* *2012*

	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))	<i>7,292.80</i>	<i>7,292.80</i>
(b) Total Contribution Refunds (from Line 20(d))	<i>0.00</i>	<i>0.00</i>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<i>7,292.80</i>	<i>7,292.80</i>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<i>9,392.1</i>	<i>9,392.1</i>
(b) Total Offsets to Operating Expenditures (from Line 14)	<i>0.00</i>	<i>0.00</i>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<i>9,392.1</i>	<i>9,392.1</i>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>6,353.59</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0.00</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>6,004.97</i>	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12020293191

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

DALE ASH FOR UNITED STATES SENATE

Report Covering the Period: From: MM 12 / DD 20 / YYYYYY 2011 To: MM 04 / DD 01 / YYYYYY 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4,000.00	4,000.00
(ii) Unitemized	792.80	792.80
(iii) TOTAL of contributions from individuals	4,792.80	4,792.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	2,500.00	2,500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7,292.80	7,292.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	7,292.80	7,292.80

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9,392.1	9,392.1
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9,392.1	9,392.1

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7,292.80
25. SUBTOTAL (add Line 23 and Line 24).....	7,292.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9,392.1
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6,353.59

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**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 / OF /	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
	12		13a		13b
				<input type="checkbox"/>	11d
					14
					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)
DALE ASH FOR UNITED STATES SENATE

A. Full Name (Last, First, Middle Initial)
Ash, CHARLOTTE

Mailing Address
1906 E FOXMOOR CIR

City **SANDY** State **UT** Zip Code **84092**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2,500.00**

Date of Receipt **01 / 19 / 2012**

Amount of Each Receipt this Period **2,500.00**

B. Full Name (Last, First, Middle Initial)
Ash, RUTH S

Mailing Address
500 VANCE S.W.

City **HUNTSVILLE** State **AL** Zip Code **35801**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **02 / 27 / 2012**

Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial)
ZARBOCK, JOHN K

Mailing Address
1917 FOXMOOR PLACE

City **SANDY** State **UT** Zip Code **84092**

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

Name of Employer **JKZ Limited** Occupation **SELF-EMPLOYED**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1,000.00**

Date of Receipt **03 / 15 / 2012**

Amount of Each Receipt this Period **1,000.00**

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

TOTAL This Period (last page this line number only)..... **4,000.00**

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**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 / OF /

17 18 19a 19b
20a 20b 20c 21

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)

DALE ASH FOR UNITED STATES SENATE

Full Name (Last, First, Middle Initial)

A. *TERRA ECLIPSE, INC*

Mailing Address
9043 Sequel Drive

City *Aptos* State *CA* Zip Code *95003*

Purpose of Disbursement
Development of Website - Funding 0.03

Candidate Name
DALE ASH

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

State: District:

Date of Disbursement

01 / 07 / 2012

Amount of Each Disbursement this Period

445.00

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

 / /

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

 / /

Amount of Each Disbursement this Period

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

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

445.00

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SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) _____

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ _____
Mailing Address _____	

City _____ State _____ ZIP Code _____

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

TERMS

Date Incurred: / / Date Due: / / Interest Rate: % (apr) Secured: 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

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SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	
		C <input style="width:80%; height: 20px;" type="text"/>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <input style="width:90%; height: 20px;" type="text"/>	Interest Rate (APR) <input style="width:80%; height: 20px;" type="text"/> %	
Mailing Address	Date Incurred or Established	M M M	/
		D D D	/
		Y Y Y Y Y Y	
City	Date Due	M M M	/
State Zip Code		D D D	/
		Y Y Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <input style="width:100px;" type="text"/>			
B. If line of credit, Amount of this Draw: <input style="width:200px;" type="text"/>		Total Outstanding Balance: <input style="width:200px;" type="text"/>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <input style="width:150px;" type="text"/> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <input style="width:150px;" type="text"/>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).		Location of account: _____ Address: _____ City, State, Zip: _____	
Date account established: <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:60px;" type="text"/>			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:60px;" type="text"/>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE <input style="width:30px;" type="text"/> / <input style="width:30px;" type="text"/> / <input style="width:60px;" type="text"/>	
Title _____			

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SCHEDULE D (FEC Form 3)

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)

DALE ASH FOR UNITED STATE SENATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UTAH REPUBLICAN PARTY

Nature of Debt (Purpose):

2010 CAUCUS LIST

Mailing Address

117 EAST SOUTH TEMPLE

City

State

Zip Code

SALT LAKE CITY UTAH 84111

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

1,500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1,500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LIEUTENANT GOV GREG BELL

Nature of Debt (Purpose):

2012 FILING FEE

Mailing Address

P.O. BOX 142325

City

State

Zip Code

SALT LAKE CITY UT 84114

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

1,305.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1,305.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PERAA ECLIPSE, INC

Nature of Debt (Purpose):

Mailing Address

9043 SOQUEL DRIVE

City

State

Zip Code

APTAS CA 95003

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

895.00

Payment This Period

445.00

Outstanding Balance at Close of This Period

450.00

1) SUBTOTALS This Period This Page (optional) ▶

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Four empty boxes for carrying forward totals.

SCHEDULE D (FEC Form 3)

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)

DALE ASH FOR UNITED STATE SENATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Help-U-Mail

Nature of Debt (Purpose):

Mailing Address

10291 S. 1300 E

City

State

Zip Code

SANDY UTAH 84094

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

9,35.07

Payment This Period

4,50.00

Outstanding Balance at Close of This Period

8,90.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

4,145.07

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

4,145.07

12020293199

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Internationally \$ declarations 76, or 2976A).



E 6 J 9 5 8 5 6 B 3 0 U S

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage \$	Insurance Fee \$
	Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd/3rd Day	Return Receipt Fee \$	
Date Accepted	Scheduled Date of Delivery		
Mo. Day Year	Month Day	COOD Fee \$	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery	Total Postage & Fees \$	
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM		
lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials	

DELIVERY (POSTAL SERVICE ONLY)

Mo. Day	Time	Employee Signature
Delivery Attempt	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day	Time	Employee Signature
Delivery Date	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day	Time	Employee Signature
Delivery Date	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only) Customer must provide written waiver. Waiver is void if I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) addressee authorizes that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

Weekend Holiday Mailer Signature

TO: (PLEASE PRINT)

PHONE

SCREENED BY THE SENATE COMMITTEE ON OVERSIGHT AND REFORM

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

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00256202021

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 04-11-12
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

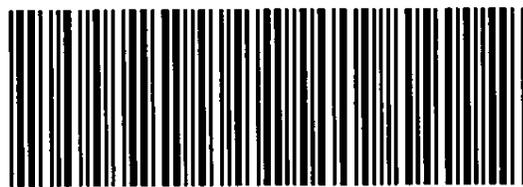
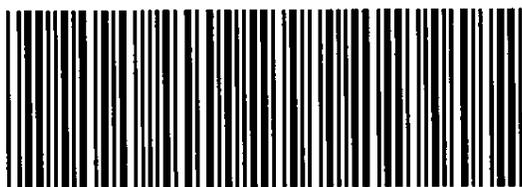
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 04-17-12

12020293201



12020293202