

# 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

Friends of Jason Howell

ADDRESS (number and street) ▼

PO Box 5321

Check if different than previously reported. (ACC)

Arlington

VA

22205-0421

2. **FEC IDENTIFICATION NUMBER** ▼

C C00514232

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

VA

08

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /  through  /  /

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 Kathy Georgen

Signature of Treasurer Kathy Georgen

**[Electronically Filed]**

Date

/  /

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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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Jason Howell**

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))....	4311.59	10113.07
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4311.59	10113.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4271.19	8187.7
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4271.19	8187.7
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1925.37	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**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

**Friends of Jason Howell**

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).....	2649.63	2649.63
(ii) Unitemized.....	1580	7304.66
(iii) TOTAL of contributions from individuals ▶	4229.63	9954.29
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) The Candidate.....	81.96	158.78
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4311.59	10113.07
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	0
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4311.59	10113.07

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4271.19	8187.7
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4271.19	8187.7

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1884.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4311.59
25. SUBTOTAL (add Line 23 and Line 24).....	6196.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4271.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1925.37

**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 19
	<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)  
**Friends of Jason Howell**

**A.** Full Name (Last, First, Middle Initial)  
**Jennifer J Ciapparelli**

Mailing Address 701 Poydras Street  
Room 2430

City State Zip Code  
New Orleans LA 70139-6001

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

Name of Employer Occupation  
None Housewife

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

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

**Transaction ID : A-C177**

Amount of Each Receipt this Period  
**500**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**David Sowder**

Mailing Address 3531 S Wakefield Street  
Apt. B1

City State Zip Code  
Arlington VA 22206-1730

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

Name of Employer Occupation  
The Siegfried Group LLC Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**862.57**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2012**

**Transaction ID : A-I139**

Amount of Each Receipt this Period  
**35.18**

Inkind: 5K Run

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

Mailing Address 3531 S Wakefield Street  
Apt. B1

City State Zip Code  
Arlington VA 22206-1730

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

Name of Employer Occupation  
The Siegfried Group LLC Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**862.57**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2012**

**Transaction ID : A-I137**

Amount of Each Receipt this Period  
**54.45**

Inkind: 5K Run

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

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

**589.63**

**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 19
	<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)  
**Friends of Jason Howell**

**A. Noel Nazario**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 Peachtree Street NE  
 Suite 2000  
 City Atlanta State GA Zip Code 30308-3261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KPMG LLP Occupation IT Auditor  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012  
**Transaction ID : A-C159**  
 Amount of Each Receipt this Period  
 Contribution **250**

**B. David Sowder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3531 S Wakefield Street  
 Apt. B1  
 City Arlington State VA Zip Code 22206-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Siegfried Group LLC Occupation Consultant  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **862.57**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2012  
**Transaction ID : A-C122**  
 Amount of Each Receipt this Period  
 Contribution **100**

**C. Carolyn Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 830 Copperas Hollow  
 City Morehead State KY Zip Code 40351-8298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Claie Regional Home Healt Occupation RN, Director  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1825**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : A-C199**  
 Amount of Each Receipt this Period  
 Contribution **500**

**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 7 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Jason Howell**

**A.** Full Name (Last, First, Middle Initial)  
**Mike Santens**

Mailing Address 12 Ferguson Drive  
Apt. 301

City Stafford State VA Zip Code 22554-7187

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

Name of Employer CF Day & Associates, LLC Occupation CFO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2012**

**Transaction ID : A-C161**

Amount of Each Receipt this Period  
**250**  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**David Sowder**

Mailing Address 3531 S Wakefield Street  
Apt. B1

City Arlington State VA Zip Code 22206-1730

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

Name of Employer The Siegfried Group LLC Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **862.57**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2012**

**Transaction ID : A-1172**

Amount of Each Receipt this Period  
**210**  
 Inkind: Balloons

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

Mailing Address 26030 Priesters Pond Drive

City South Riding State VA Zip Code 20152-1704

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

Name of Employer State Farm Occupation Insurance & Financial Services Agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2012**

**Transaction ID : A-C135**

Amount of Each Receipt this Period  
**250**  
 Contribution

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

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

**710.00**

**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 19
	<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)  
**Friends of Jason Howell**

**A.** Full Name (Last, First, Middle Initial)  
**Kathy Georgen**

Mailing Address 8509 Tysons Court

City Vienna State VA Zip Code 22182-5019

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

Name of Employer Georgen Scarborough Assoc Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1615.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : A-C205**

Amount of Each Receipt this Period  
 Contribution 500

**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

2649.63



**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 19
	<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)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. UberPrints.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 115 Ruth Drive		Amount of Each Disbursement this Period 297.4
City Athens	State GA Zip Code 30601-2147	
Purpose of Disbursement Palm Cards	Category/Type 001	<b>Transaction ID : B-E-178</b>
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement Campaign Software	Category/Type 001	<b>Transaction ID : B-E-179</b>
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. UberPrints.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 115 Ruth Drive		Amount of Each Disbursement this Period 42.57
City Athens	State GA Zip Code 30601-2147	
Purpose of Disbursement Advertising: Palm Cards	Category/Type 004	<b>Transaction ID : B-E-181</b>
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	839.97
<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 19			
	<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)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. David Sowder</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 3531 S Wakefield Street Apt. B1		Amount of Each Disbursement this Period 35.18
City Arlington	State VA	
Zip Code 22206-1730	Purpose of Disbursement Inkind: 5K Run	Transaction ID : B-I-139
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. David Sowder</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012
Mailing Address 3531 S Wakefield Street Apt. B1		Amount of Each Disbursement this Period 54.45
City Arlington	State VA	
Zip Code 22206-1730	Purpose of Disbursement Inkind: 5K Run	Transaction ID : B-I-137
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 60
City Waltham	State MA	
Zip Code 02451-7357	Purpose of Disbursement E-Mail Service	Transaction ID : B-E-175
Candidate Name	Category/ Type 001	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	149.63
<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 19			
	<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)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2012
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-186</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Campaign Software Candidate Name Category/Type 001	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Jason Howell</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 11 <b>Transaction ID : B-I-146</b>
City Arlington State VA Zip Code 22203-1691	Purpose of Disbursement Inkind: Parking Candidate Name Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. VistaPrint.com</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2012
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 275.89 <b>Transaction ID : B-E-188</b>
City Lexington State MA Zip Code 02421-7942	Purpose of Disbursement Advertising: Stickers Candidate Name Category/Type 004	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	786.89
<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 19	
	<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)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. Jason Howell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 5.95
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Inkind: Postage	Transaction ID : B-I-151
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. David Sowder</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 3531 S Wakefield Street Apt. B1		Amount of Each Disbursement this Period 210
City Arlington	State VA	
Zip Code 22206-1730	Purpose of Disbursement Inkind: Balloons	Transaction ID : B-I-172
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Postcard Mailer</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address 12910 Automobile Boulevard Suite A		Amount of Each Disbursement this Period 340.97
City Clearwater	State FL	
Zip Code 33762-4756	Purpose of Disbursement Advertising: Palm Cards	Transaction ID : B-E-158
Candidate Name	Category/ Type 004	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	556.92
<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 19			
	<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)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. Jason Howell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 3.97
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Inkind: Fax	Transaction ID : B-I-153
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 60
City Waltham	State MA	
Zip Code 02451-7357	Purpose of Disbursement E-Mail Service	Transaction ID : B-E-174
Candidate Name	Category/ Type 001	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Del Ray Music Festival</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address Del Ray Performing Arts Center 2405 Mt Vernon Avenue		Amount of Each Disbursement this Period 250
City Alexandria	State VA	
Zip Code 22302	Purpose of Disbursement Campaign Event: Event Advertising Fee	Transaction ID : B-E-203
Candidate Name	Category/ Type 007	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	313.97
<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 14 OF 19			
	<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)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-193</b>
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement Campaign Software	Category/Type 001	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Jason Howell</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 26.73 <b>Transaction ID : B-I-162</b>
City Arlington	State VA Zip Code 22203-1691	
Purpose of Disbursement Inkind: Lunch	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Jason Howell</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-I-169</b>
City Arlington	State VA Zip Code 22203-1691	
Purpose of Disbursement Inkind: Metro SmartCard	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	536.73
<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 15 OF 19			
	<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)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. Jason Howell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 24.31
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Inkind: Gasoline	Transaction ID : B-I-167
Candidate Name	Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 80
City Waltham	State MA	
Zip Code 02451-7357	Purpose of Disbursement E-Mail Service	Transaction ID : B-E-171
Candidate Name	Category/ Type 001	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 19.77
City San Francisco	State CA	
Zip Code 94105-3716	Purpose of Disbursement Merchant Fees	Transaction ID : B-E-206
Candidate Name	Category/ Type 001	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	124.08
<b>TOTAL</b> This Period (last page this line number only).....	3308.19

**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 16 OF 19	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. David Sowder</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2012
Mailing Address 3531 S Wakefield Street Apt. B1		Amount of Each Disbursement this Period 35.18
City Arlington	State VA	
Zip Code 22206-1730	Purpose of Disbursement 5K Run	Transaction ID : B-I-140
Candidate Name	Category/ Type 007	
Office Sought: <input 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)	[MEMO ITEM] Inkind Donation Made
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GAM Printing</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2012
Mailing Address 45969 Nokes Boulevard Suite 130		Amount of Each Disbursement this Period 1115.36
City Sterling	State VA	
Zip Code 20166-6606	Purpose of Disbursement Donation envelopes	Transaction ID : B-I-84
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Inkind Donation Made
State: District:		

Full Name (Last, First, Middle Initial) <b>c. David Sowder</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2012
Mailing Address 3531 S Wakefield Street Apt. B1		Amount of Each Disbursement this Period 54.45
City Arlington	State VA	
Zip Code 22206-1730	Purpose of Disbursement 5K Run	Transaction ID : B-I-138
Candidate Name	Category/ Type 007	
Office Sought: <input 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)	[MEMO ITEM] Inkind Donation Made
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 17 OF 19			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. Jason Howell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 11
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Parking	Transaction ID : B-I-147
Candidate Name	002 Category/ Type	
Office Sought: <input 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)	[MEMO ITEM] Inkind Donation Made
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jason Howell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 5.95
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Postage	Transaction ID : B-I-152
Candidate Name	001 Category/ Type	
Office Sought: <input 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)	[MEMO ITEM] Inkind Donation Made
State: District:		

Full Name (Last, First, Middle Initial) <b>c. David Sowder</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 3531 S Wakefield Street Apt. B1		Amount of Each Disbursement this Period 210
City Arlington	State VA	
Zip Code 22206-1730	Purpose of Disbursement Balloons	Transaction ID : B-I-173
Candidate Name	007 Category/ Type	
Office Sought: <input 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)	[MEMO ITEM] Inkind Donation Made
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 18 OF 19			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. Jason Howell</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 3.97
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Fax	<b>Transaction ID : B-I-157</b>
Candidate Name	001 Category/ Type	
Office Sought: <input 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)	<b>[MEMO ITEM]</b> Inkind Donation Made
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jason Howell</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 26.73
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Lunch	<b>Transaction ID : B-I-163</b>
Candidate Name	001 Category/ Type	
Office Sought: <input 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)	<b>[MEMO ITEM]</b> Inkind Donation Made
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jason Howell</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 10
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Metro SmartCard	<b>Transaction ID : B-I-170</b>
Candidate Name	002 Category/ Type	
Office Sought: <input 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)	<b>[MEMO ITEM]</b> Inkind Donation Made
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 19 OF 19
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Jason Howell**

Full Name (Last, First, Middle Initial) <b>A. Jason Howell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 3900 Fairfax Drive Unit 1802		Amount of Each Disbursement this Period 24.31
City Arlington	State VA	
Zip Code 22203-1691	Purpose of Disbursement Gasoline	<b>Transaction ID : B-I-168</b>
Candidate Name	002 Category/ Type	
Office Sought: <input 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: District:		<b>[MEMO ITEM]</b> Inkind Donation Made

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	
Candidate Name	Category/ Type	
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:		

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	Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	0.00