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FEC FORM 1	STATEMENT CORGANIZATIO		Office Use Only			
NAME OF     COMMITTEE (in full)		ple:If typing, type 12	FE4M5			
Ella Ward For C	•					
ADDRESS (number and street)	1517 Pine Grove L	ane				
(Check if address is changed)	Chesapeake		A 23321 1800			
	CITY	STA	TE ZIP CODE			
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-mail add	•				
(Check if address is changed)	eward@ellawardfo	rcongress.cor	<u>n</u>			
— is changed)		<u> </u>	<u> </u>			
COMMITTEE'S WEB PAGE AD	, ,	naross com				
(Check if address is changed)	www.ellawardforco	ngiess.com				
2. DATE 02 6	` ' <b>2</b> 012 `	, , , , , , , , , , , , , , , , , , ,				
3. FEC IDENTIFICATION N	UMBER C					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
! certify that I have examined t	his Statement and to the best of my kr	lowledge and belief it is tru	e, correct and complete.			
Type or Print Name of Treasure	, Rita L. Gary					
Signature of Treasurer	Rite I Bary	Date	02 06 2012			
NOTE: Submission of false, erroneous, or incomplete Information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further information contacts Federal Election Commission foll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)			

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	FEC Fo	m 1 (Revised 02/2009)	Page 2
5.	TYPE OF C	OMMITTEE	
	Candidate	Committee:	
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)	•
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	Name of Candidate	Ella P. Ward	
	Candidate Party Affiliation	on DEM Office X House Senate President	State VA
	•		District 04
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Con	mittee:	
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Political A	ction Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	<b>(f)</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fund	raising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2,	FEC ID number C	
	3.	FEC ID number C	
	4.	FEC ID number C	

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	FEC Form 1		2/2009)		<del>-</del>	. · <del>.</del>						<u> </u>	Page :	3
	lla Ward		ongress	<b>;</b>										
6.	Name of Any Co		<del></del>		>ommitte	e, Join	Fundra	aising F	Repres	entativ	ve, or L	eadership	PAC Sp	onsor
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			<del>- 1 . 1 . 1 .</del>		CITY		l <u>t</u>	<del> </del>		STATE	_	ZI	P CODE	·
	Relationship:	Connected	Organization	Affiliati	ed Comm	ittee	Joint	Fundrai	sing R	eprese	ntative	Leade	ership PA	C Sponsor
				Ш		L-								
	Custodian of Rec books and records		ify by name, a	address (p	hone nur	mber	optional	i) and p	osition	of the	person	in posse	ssion of	committee
	Full Name	Whitte	nęy L G	uyton		11:	i :	1 1 1	i 1		1	; ; ;		. : : !
	Mailing Address		615 Gre	en Str	eet				:L_			. 1	1_1 1	
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	Title or Position				CITY				s	TATE		ZI	P CODE	
	Political Di	rector	<u></u>		<u>.</u>		Tele	ephone	numbe	er [	757	]_[389		326
	Treasurer: List the any designated ag				r optio	nai) of t	he treas	surer of	the c	ommitte	ee; and	the name	and add	iress of
	Full Name of Treasurer	Rita L.	Gary	<u> </u>	1	1 1	,	_ <u> </u>			i	<u> </u>	<u> </u>	ليلطيا
	Mailing Address		3116 Br	uno Di	rive	<u> </u>			لـنــا			<u>i : 1</u>	1	لبينا
			<u> </u>		<del></del>	<u> </u>	<u>:</u> , ı	:		L!		<u>: : 1</u>	<u></u>	لبب
			Chesap	<del></del>	1-1-1	1_1_	1 1			VA	2	3323		لــنــا
	Title or Position			(	CITY				S	TATE -			CODE	
1	Treasurer	<u>i I i :</u>	<u>:                                    </u>	<u> </u>			Tele	phone	numbe	er [	757	][487		238

FEC Form 1 (Revised 02/2009)

Page 4

		Full Name of Designated Agent Jan	inę Peirce	<u>: 1 '   : 1</u>						
		Mailing Address	2812 Lambert Trail		<del></del>					
				1 1 1 1 1 1	11 1 1 1 1 1 1 1					
			Chesapeake	VA	23323					
			CITY	STATE	ZIP CODE					
4700		Title or Position Asst. Treasurer		e number [757	7   -  537   -  4067					
203073	9.	safety deposit boxes or n Name of Bank, Depositor		mmittee deposits	funds, holds accounts, rents					
-		Mailing Address	3936 Portsmouth Blvd	111:1						
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			Chesapeake	<u>VA</u>	23321					
			CITY	STATE	ZIP CODE					
	Name of Bank, Depository, etc.									
				<u></u> . i	<u> </u>					
		Mailing Address								
		·· <b>9</b> · · <del>- · · · · ·</del>								

CITY

STATE

ZIP CODE

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No Postmark					
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