

3/15/26



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To the FEC:

- What is the filing fee to run for the U.S. Senate? (Democratic Party). (Maryland).
- To whom do you pay this fee?
- I am fully prepared to pay this fee and run for the Senate (U.S.), but I need to know the details. Please tell me how much, if any, to pay, and to whom to pay this fee.

Please Answer:

- 1) How much is the fee.
- 2) To whom do you pay it.
- 3) When is it due?

Please send answers to:

- a) Address: Justin Ward, 11454 Stewart Lane, Apt. A1, Silver Spring, MD 20904. (This approach is preferred).
- b) Alternatively, send answers to the following email:

Potteiler666Wolfhound333@gmail.com

- c) I need answers as soon as possible. (Within a week?)

Sincerely,
- Justin Harvey Randolph Ward, III
- Justin Ward

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) Justin Harvey Randolph Ward, III		
(b) Address (number and street) 11454 Stewart Lane, Apt. A1	<input type="checkbox"/> Check if address changed	2. FEC Candidate Identification Number
(c) City, State, and ZIP Code Silver Spring, MD 20904	3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation Democratic	5. Office Sought Senate	6. State & District of Candidate MD, 8 th District

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Tip of the Spear
(b) Address (number and street) 11454 Stewart Lane, Apt. A1
(c) City, State, and ZIP Code Silver Spring, MD 20904

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Tip of the Spear
(b) Address (number and street) 11454 Stewart Lane, Apt. A1
(c) City, State, and ZIP Code Silver Spring, MD 20904

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Justin H. Ward, III	Date 3/14/26
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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NONPROFIT CORPORATION

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)


(b) Address (number and street)

(c) City, State, and ZIP Code

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 3/24/24
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	3/24/24 DATE PREPARED

(4/2023)

NONPROFIT ORGANIZATION