

12 JUL 15 PM 3:40

**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

Greg Sowards For Senate LLC

ADDRESS (number and street)

2916 Maese Ln

Check if different than previously reported. (ACC)

Las Cruces

NM

88007

2. FEC IDENTIFICATION NUMBER ▼

C00448423

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲  
STATE ▼ DISTRICT

NM

00

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
05 / 17 / 2012 through 06 / 30 / 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 MELODIE JOHNSON

Signature of Treasurer

MELODIE JOHNSON

*Melodie Johnson*

Date

07 / 15 / 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

**FEC FORM 3**  
(Revised 02/2003)

12020464641

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 48

Write or Type Committee Name

**Greg Sowards For Senate LLC**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
05 / 17 / 2012

To:

M M / D D / Y Y Y Y  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	51116.03	146092.37
(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)).....	51116.03	146092.37
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	84112.28	349070.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	2972.08	2986.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81140.20	346084.42
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	21018.90	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	565189.07	

**For further information contact:**

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

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

12020464642

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 48

Write or Type Committee Name

**Greg Sowards For Senate LLC**

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 17 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25975.00	81335.00
(ii) Unitemized.....	25141.03	63257.37
(iii) TOTAL of contributions from individuals.....	51116.03	144592.37
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	51116.03	146092.37
<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	809509.80
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	809509.80
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	2972.08	2986.06
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	54088.11	958588.23

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 48

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	84112.28	349070.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	590000.00	590000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	590000.00	590000.00
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) ►	674112.28	939070.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	641043.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	54088.11
25. SUBTOTAL (add Line 23 and Line 24).....	695131.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	674112.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21018.90

12020462644

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 OF 48	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>STEVEN A BENNER</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2012	
Mailing Address 1501 NW 68TH TER			Transaction ID : SA11AI.7267	
City GAINSVILLE	State FL	Zip Code 32605	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>GARY W BLACK</b>			Date of Receipt MM / DD / YYYY 06 / 07 / 2012	
Mailing Address 4511 W CHEYENNE AVE STE 702			Transaction ID : SA11AI.7488	
City NORTH LAS VEGAS	State NV	Zip Code 89032	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF EMPLOYED		Occupation INFORMATION REQUESTED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>GUY M BOWERS</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2012	
Mailing Address PO BOX 8090			Transaction ID : SA11AI.7277	
City RUIDOSO	State NM	Zip Code 88355	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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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: PAGE 6 OF 48	
	(check only one)	
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>JOHN BRAUN</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address <b>7009 AMATI DRIVE</b>		Transaction ID : <b>SA11AI.7714</b>
City <b>BAKERSFIELD</b>	State <b>CA</b>	Zip Code <b>93306</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>200.00</b>	
Name of Employer <b>BRAUN WELECTRIC</b>	Occupation <b>ELECTRICAL CONTRACTOR</b>	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>400.00</b>	

Full Name (Last, First, Middle Initial) <b>SUE M CANNON</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012
Mailing Address <b>6420 WEST LAKERIDGE RD</b>		Transaction ID : <b>SA11AI.7594</b>
City <b>LAKEWOOD</b>	State <b>CO</b>	Zip Code <b>80227</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>INFORMATION REQUESTED</b>	Occupation <b>INFORMATION REQUESTED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>ELLOINE M CLARK</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2012
Mailing Address <b>3838 OAK LAWN AVE STE 911</b>		Transaction ID : <b>SA11AI.7580</b>
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75219</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>2500.00</b>	
Name of Employer <b>INFORMATION REQUESTED</b>	Occupation <b>INFORMATION REQUESTED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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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 7 OF 48
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>WILLIAM H CLARK III</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2012
A. Mailing Address 3838 OAK LAWN AVE STE 911		Transaction ID : SA11AI.7582
City DALLAS	State TX	Zip Code 75219
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>J P COWLES</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2012
B. Mailing Address PO BOX 2160		Transaction ID : SA11AI.7568
City SPOKANE	State WA	Zip Code 99210
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>HECTOR DE LEON</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
C. Mailing Address 3 LEOPOLD LANE		Transaction ID : SA11AI.8248
City AUSTIN	State TX	Zip Code 78746
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00 CONTRIBUTION
Name of Employer DE LEON & WASHBURN, P.C.	Occupation ATTORNEY	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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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:		PAGE 8 OF 48	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	
			<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

**A.** Full Name (Last, First, Middle Initial)  
**GEORGE HAM**

Mailing Address **4304 S MILLS ST**

City **INDEPENDENCE** State **MO** Zip Code **64055**

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

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
**06 / 08 / 2012**

Transaction ID : **SA11A1.7522**

Amount of Each Receipt this Period  
**600.00**

**B.** Full Name (Last, First, Middle Initial)  
**FREDERIC C HAMILTON**

Mailing Address **1560 BROADWAY  
STE 2200**

City **DENVER** State **CO** Zip Code **80202**

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

Name of Employer  
**BUSINESS OWNER**

Occupation  
**EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**06 / 11 / 2012**

Transaction ID : **SA11A1.7584**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**ARTHUR LEE HARVEY**

Mailing Address **2705 TOPLEY AVE**

City **LAS CRUCES** State **NM** Zip Code **88005**

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

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**05 / 17 / 2012**

Transaction ID : **SA11A1.7657**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

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

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

**1650.00**

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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 9 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>ARTHUR LEE HARVEY</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address 2705 TOPLEY AVE		Transaction ID : SA11AI.7969
City LAS CRUCES	State NM	Zip Code 88005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>PHILIP H HASELTON</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2012
Mailing Address 76 OAK ST		Transaction ID : SA11AI.7552
City BOOTHBAY HARBOR	State ME	Zip Code 04538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>LEE M HOLMES</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address 530 W. O'BRIEN DR.		Transaction ID : SA11AI.7679
City HAGATNA	State GU	Zip Code 96910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION
Name of Employer SOUTHERN MEDIA, INC.	Occupation MANAGER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020464643

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>LEE M HOLMES</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 530 W. O'BRIEN DR.		Transaction ID : SA11AI.8253
City HAGATNA	State GU	Zip Code 96910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION
Name of Employer SOUTHERN MEDIA, INC.	Occupation MANAGER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>MARIA M KERNWEIN</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012
Mailing Address 11090 TURTLE BEACH RD # A203		Transaction ID : SA11AI.7592
City NORTH PALM BEACH	State FL	Zip Code 33406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>WALTER H KLEINER</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2012
Mailing Address 1725 89TH PL NE		Transaction ID : SA11AI.7578
City BELLEVUE	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1875.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020464650

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL LEEVER**

Mailing Address **1397 VAIL VALLEY DR**

City **VAIL** State **CO** Zip Code **81657**

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

Name of Employer **MACDERMID INC** Occupation **CHAIRMAN AND CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **05 / 17 / 2012**

Transaction ID : **SA11AI.7808**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT LINDNER**

Mailing Address **3955 MONTGOMERY ROAD**

City **CINCINNATI** State **OH** Zip Code **45212**

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

Name of Employer **UNITED DAIRY FARMERS** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **06 / 01 / 2012**

Transaction ID : **SA11AI.8271**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN MCKINNIS**

Mailing Address **106 BENT OAK DRIVE**

City **JOHNSON CITY** State **TN** Zip Code **37604**

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

Name of Employer **SELF-EMPLOYED** Occupation **LAWYER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt **05 / 17 / 2012**

Transaction ID : **SA11AI.8001**

Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1275.00**

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

12020484661

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 48	
	(check only one)	
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>JOHN MCKINNIS</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2012
Mailing Address 106 BENT OAK DRIVE		Transaction ID : SA11AI.8174
City JOHNSON CITY	State TN	Zip Code 37604
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation LAWYER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>LEONARD METILDI</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address 2304 TUSCAN HILLS LANE		Transaction ID : SA11AI.7661
City LAS CRUCES	State NM	Zip Code 88011
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00 CONTRIBUTION	
Name of Employer MOUNTAIN VIEW REGIONAL MEDICAL	Occupation SURGEON	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>LEONARD METILDI</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address 2304 TUSCAN HILLS LANE		Transaction ID : SA11AI.7982
City LAS CRUCES	State NM	Zip Code 88011
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer MOUNTAIN VIEW REGIONAL MEDICAL	Occupation SURGEON	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020464642

**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 13 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>LEONARD METILDI</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2012
Mailing Address <b>2304 TUSCAN HILLS LANE</b>		Transaction ID : <b>SA11AI.8214</b>
City <b>LAS CRUCES</b>	State <b>NM</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer <b>MOUNTAIN VIEW REGIONAL MEDICAL</b>	Occupation <b>SURGEON</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>MICHAEL MURTAGH</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address <b>9128 REDMONT RD</b>		Transaction ID : <b>SA11AI.8275</b>
City <b>ALBUQUERQUE</b>	State <b>NM</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>RAY P ODEN JR</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2012
Mailing Address <b>702 THORA BLVD</b>		Transaction ID : <b>SA11AI.7588</b>
City <b>SHREVEPORT</b>	State <b>LA</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Name of Employer <b>INFORMATION REQUESTED</b>	Occupation <b>INFORMATION REQUESTED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

1202046465

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 48
	(check only one)	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>LENORA PUSTA</b>			Date of Receipt MM / DD / YYYY 05 / 18 / 2012		
Mailing Address 138 W. SUNFLOWER DRIVE			Transaction ID : SA11AI.8080		
City PAYSON	State AZ	Zip Code 85541	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C					
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) <b>LENORA PUSTA</b>			Date of Receipt MM / DD / YYYY 05 / 26 / 2012		
Mailing Address 138 W. SUNFLOWER DRIVE			Transaction ID : SA11AI.8208		
City PAYSON	State AZ	Zip Code 85541	Amount of Each Receipt this Period 1000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C					
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) <b>DARWIN REEDY</b>			Date of Receipt MM / DD / YYYY 06 / 13 / 2012		
Mailing Address 51 PENINSULA ROAD			Transaction ID : SA11AI.8297		
City DELLWOOD	State MN	Zip Code 55110	Amount of Each Receipt this Period 250.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C					
Name of Employer SELF EMPLOYED		Occupation ART DEALER			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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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:	PAGE 15 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>LESLIE ROSE</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2012
Mailing Address 330 SOUTH OCEAN BLVD. APT. 3B		Transaction ID : SA11A1.8146
City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>EDWIN C SANDHAM</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012
Mailing Address 1964 SW ST. ANDREWS DR		Transaction ID : SA11A1.7543
City PALM CITY	State FL	Zip Code 34990
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>FRED SEBASTIAN</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address 860 BROADMOOR DR.		Transaction ID : SA11A1.7670
City CHAPARRAL	State NM	Zip Code 88081
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020564555

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 OF 48	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

A. Full Name (Last, First, Middle Initial) <b>PAUL A SOWARDS</b>		Date of Receipt MM/DD/YYYY 06/11/2012
Mailing Address <b>6401 POJOAQUE DR NW</b>		Transaction ID : <b>SA11AI.7550</b>
City <b>ALBUQUERQUE</b>	State <b>NM</b>	Zip Code <b>87120</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>INFORMATION REQUESTED</b>	Occupation <b>INFORMATION REQUESTED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

B. Full Name (Last, First, Middle Initial) <b>HARLAN C STAI</b>		Date of Receipt MM/DD/YYYY 06/07/2012
Mailing Address <b>1286 CHERRY SPRING RD</b>		Transaction ID : <b>SA11AI.7494</b>
City <b>FREDERICKSBERG</b>	State <b>TX</b>	Zip Code <b>78624</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>INFORMATION REQUESTED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

C. Full Name (Last, First, Middle Initial) <b>EDMUND THORNTON</b>		Date of Receipt MM/DD/YYYY 05/29/2012
Mailing Address <b>PO BOX 1</b>		Transaction ID : <b>SA11AI.8232</b>
City <b>OTTAWA</b>	State <b>IL</b>	Zip Code <b>61350</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	<b>CONTRIBUTION</b>
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

12020464655



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 OF 48	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>DOMINIC TOSCANI</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012	
Mailing Address 700 HOBBS RD.		Transaction ID : SA11AI.7856	
City WAYNE	State PA	Zip Code 19087	Amount of Each Receipt this Period 100.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>DOMINIC TOSCANI</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012	
Mailing Address 700 HOBBS RD.		Transaction ID : SA11AI.8202	
City WAYNE	State PA	Zip Code 19087	Amount of Each Receipt this Period 100.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>DOUGLAS C WATTERS</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2012	
Mailing Address 5498 SADDLE RIDGE CT		Transaction ID : SA11AI.8274	
City LAS CRUCES	State NM	Zip Code 88011	Amount of Each Receipt this Period 200.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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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: PAGE 18 OF 48	
	(check only one)	
	<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)  
**Greg Sowards For Senate LLC**

A. Full Name (Last, First, Middle Initial) <b>BOB WHITTEN</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address <b>2512 N CIELO</b>		Transaction ID : <b>SA11AI.7664</b>
City <b>HOBBS</b>	State <b>NM</b>	Zip Code <b>88240</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

B. Full Name (Last, First, Middle Initial) <b>BOB WHITTEN</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2012
Mailing Address <b>2512 N CIELO</b>		Transaction ID : <b>SA11AI.8213</b>
City <b>HOBBS</b>	State <b>NM</b>	Zip Code <b>88240</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

C. Full Name (Last, First, Middle Initial) <b>ALICIA D. WILLIAMS</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address <b>5072 WESTFIELD DR.</b>		Transaction ID : <b>SA11AI.7663</b>
City <b>RIO RANCHO</b>	State <b>NM</b>	Zip Code <b>87144</b>
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020457

**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 19 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>JAMES C. WITCHER</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2012
Mailing Address <b>PO BOX 3142</b>			Transaction ID : <b>SA11AI.7282</b>
City <b>LAS CRUCES</b>	State <b>NM</b>	Zip Code <b>88003</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Occupation <b>GEOLOGIST</b>	
Name of Employer <b>SELF EMPLOYED</b>		Election Cycle-to-Date 900.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>JAMES C. WITCHER</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2012
Mailing Address <b>PO BOX 3142</b>			Transaction ID : <b>SA11AI.7287</b>
City <b>LAS CRUCES</b>	State <b>NM</b>	Zip Code <b>88003</b>	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Occupation <b>GEOLOGIST</b>	
Name of Employer <b>SELF EMPLOYED</b>		Election Cycle-to-Date 1100.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>MATTHEW ZUPANCIC</b>			Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address <b>1607 EAST 1320 SOUTH</b>			Transaction ID : <b>SA11AI.8265</b>
City <b>PROVO</b>	State <b>UT</b>	Zip Code <b>84606</b>	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>		Occupation <b>CHIEF TECHNICAL OFFICER</b>	
Name of Employer <b>ELITE SECURITY SERVICES</b>		Election Cycle-to-Date 1000.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	25975.00

12020464653

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 48	
	(check only one)	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b
<input checked="" type="checkbox"/> 11d 14		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>QUARTIER PRINTING</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 5795 BRIDGE ST		Transaction ID : SA14.7218
City EAST SYRACUSE	State NY	Zip Code 13057
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 2002.00
Name of Employer	Occupation	VENDOR REFUND - PRINTING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2002.00	

Full Name (Last, First, Middle Initial) <b>QUARTIER PRINTING</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012
Mailing Address 5795 BRIDGE ST		Transaction ID : SA14.7186
City EAST SYRACUSE	State NY	Zip Code 13057
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 970.08
Name of Employer	Occupation	VENDOR REFUND - PRINTING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2972.08	

Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2972.08
<b>TOTAL</b> This Period (last page this line number only).....	2972.08

12020484660

**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 21 OF 48			
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. BBT</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address 1717 KING STREET		Amount of Each Disbursement this Period 248.00 Transaction ID : SB17.7193
City ALEXANDRIA	State VA	
Purpose of Disbursement BANK CHARGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 117 N ST ASAPH ST		Amount of Each Disbursement this Period 8420.00 Transaction ID : SB17.7217
City ALEXANDRIA	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CITADEL</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 500 4TH ST NW		Amount of Each Disbursement this Period 204.00 Transaction ID : SB17.7214
City ALBUQUERQUE	State NM	
Purpose of Disbursement RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8872.00
<b>TOTAL</b> This Period (last page this line number only).....	

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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 22 OF 48			
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. CITIZENS BANK OF LAS CRUCES</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2012	
Mailing Address PO BOX 2108		Amount of Each Disbursement this Period 21.51 Transaction ID : SB17.7191	
City LAS CRUCES	State NM		Zip Code 88004
Purpose of Disbursement BANK CHARGE			Category/ Type
Candidate Name			
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>B. CITIZENS BANK OF LAS CRUCES</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2012	
Mailing Address PO BOX 2108		Amount of Each Disbursement this Period 21.51 Transaction ID : SB17.7192	
City LAS CRUCES	State NM		Zip Code 88004
Purpose of Disbursement BANK CHARGE			Category/ Type
Candidate Name			
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. CYTECH MERIDIAN</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2012	
Mailing Address PO BOX 4380		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.7212	
City ROME	State NY		Zip Code 13442
Purpose of Disbursement DATA MANAGEMENT SERVICES			Category/ Type
Candidate Name			
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).....	3543.02
<b>TOTAL</b> This Period (last page this line number only).....	

1202046462

**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 23 OF 48			
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. JENNIFER DANIELS</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012	
Mailing Address 605 SUN VALLEY COURT		Amount of Each Disbursement this Period 3500.00	
City GRANBURY	State TX	Zip Code 76049	Transaction ID : SB17.7178
Purpose of Disbursement		Category/ Type	
Candidate Name			
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>B. JEREMY FREEMAN</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2012	
Mailing Address PO BOX 9052		Amount of Each Disbursement this Period 850.00	
City AMES	State IA	Zip Code 50014	Transaction ID : SB17.7183
Purpose of Disbursement VOTER RECRUITMENT SERVICES		Category/ Type	
Candidate Name			
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. JEREMY FREEMAN</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2012	
Mailing Address PO BOX 9052		Amount of Each Disbursement this Period 1250.00	
City AMES	State IA	Zip Code 50014	Transaction ID : SB17.7213
Purpose of Disbursement VOTER RECRUITMENT SERVICES		Category/ Type	
Candidate Name			
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).....	5600.00
<b>TOTAL</b> This Period (last page this line number only).....	

1202046466

**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 24 OF 48			
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. MARKET ACES LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2012
Mailing Address 1101 N HIGHLAND ST STE 200		Amount of Each Disbursement this Period 6250.00 Transaction ID : SB17.7190
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement WEB SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MATTHEW MORAN</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address 22 CURTIS ROAD		Amount of Each Disbursement this Period 7443.45 Transaction ID : SB17.7232
City VERNON	State NY Zip Code 13476	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MATTHEW MORAN</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2012
Mailing Address 22 CURTIS ROAD		Amount of Each Disbursement this Period 9100.00 Transaction ID : SB17.7208
City VERNON	State NY Zip Code 13476	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22793.45
<b>TOTAL</b> This Period (last page this line number only).....	

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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 25 OF 48			
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. RAIN MAKERS GROUP</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2012
Mailing Address PO BOX 1082		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.7188
City SPRINGFIELD	State VA	
Zip Code 22151	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
Candidate Name	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>B. RYAN RHODES</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2012
Mailing Address 8216 RIDGE VIEW DR		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.7207
City DES MOINES	State IA	
Zip Code 50320	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	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. RYAN RHODES</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2012
Mailing Address 8216 RIDGE VIEW DR		Amount of Each Disbursement this Period 1850.00 Transaction ID : SB17.7182
City DES MOINES	State IA	
Zip Code 50320	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	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).....	6550.00
<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 26 OF 48	
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. RYAN RHODES</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012	
Mailing Address 8216 RIDGE VIEW DR		Amount of Each Disbursement this Period 2650.00	
City DES MOINES	State IA	Zip Code 50320	Transaction ID : SB17.7174
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name			
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>B. RYAN RHODES</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012	
Mailing Address 8216 RIDGE VIEW DR		Amount of Each Disbursement this Period 343.18	
City DES MOINES	State IA	Zip Code 50320	Transaction ID : SB17.7175
Purpose of Disbursement TRAVEL		Category/ Type	
Candidate Name			
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. STRATEGIC MEDIA PLACEMENT, INC.</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012	
Mailing Address 41 SOUTH HIGH STREET		Amount of Each Disbursement this Period 2500.00	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : SB17.7206
Purpose of Disbursement MEDIA		Category/ Type	
Candidate Name			
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).....	5493.18
<b>TOTAL</b> This Period (last page this line number only).....	

12020464666

**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 27 OF 48
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. STRATEGIC MEDIA PLACEMENT, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2012
Mailing Address 41 SOUTH HIGH STREET		Amount of Each Disbursement this Period 784.00 Transaction ID : SB17.7184
City COLUMBUS	State OH	
Zip Code 43215	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	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>B. THE POLLING COMPANY</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address 1220 CONNECTICUT AVENUE NW		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.7210
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement SURVEY RESEARCH	Category/ Type
Candidate Name	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. THE STRATEGY GROUP FOR MEDIA</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address 41 SOUTH HIGH STREET		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.7180
City COLUMBUS	State OH	
Zip Code 43215	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	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).....	12784.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020464657

**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 28 OF 48			
	<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)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 3800 W Picacho Avenue		Amount of Each Disbursement this Period 18317.00 Transaction ID : SB17.7205
City Fairacres State NM Zip Code 88033-9800	Purpose of Disbursement POSTAGE	
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>B.</b>		Date of Disbursement MM / DD / YYYY
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 MM / DD / YYYY
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).....	18317.00
<b>TOTAL</b> This Period (last page this line number only).....	83952.65

12020484658

**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 29 OF 48
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

Full Name (Last, First, Middle Initial) <b>A. Greg Sowards</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2916 Maese LN		Amount of Each Disbursement this Period 150000.00 Transaction ID : SB19A.7196
City Las Cruces	State NM	
Purpose of Disbursement LOAN REPAYMENT		Category/ Type
Candidate Name <b>Greg Sowards</b>		
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)	
State: NM	District:	

Full Name (Last, First, Middle Initial) <b>B. Greg Sowards</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2916 Maese LN		Amount of Each Disbursement this Period 133000.00 Transaction ID : SB19A.7199
City Las Cruces	State NM	
Purpose of Disbursement LOAN REPAYMENT		Category/ Type
Candidate Name <b>Greg Sowards</b>		
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)	
State: NM	District:	

Full Name (Last, First, Middle Initial) <b>C. Greg Sowards</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2916 Maese LN		Amount of Each Disbursement this Period 70000.00 Transaction ID : SB19A.7200
City Las Cruces	State NM	
Purpose of Disbursement LOAN REPAYMENT		Category/ Type
Candidate Name <b>Greg Sowards</b>		
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)	
State: NM	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	353000.00
<b>TOTAL</b> This Period (last page this line number only).....	

2020464668

**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 30 OF 48
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

A. <b>Greg Sowards</b>		Date of Disbursement
Full Name (Last, First, Middle Initial)		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
Mailing Address 2916 Maese LN		
City Las Cruces	State NM	Zip Code 88007
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 20000.00
Candidate Name <b>Greg Sowards</b>	Category/ Type	Transaction ID : SB19A.7201
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)	
State: NM District:		

B. <b>Greg Sowards</b>		Date of Disbursement
Full Name (Last, First, Middle Initial)		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
Mailing Address 2916 Maese LN		
City Las Cruces	State NM	Zip Code 88007
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 125000.00
Candidate Name <b>Greg Sowards</b>	Category/ Type	Transaction ID : SB19A.7202
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)	
State: NM District:		

C. <b>Greg Sowards</b>		Date of Disbursement
Full Name (Last, First, Middle Initial)		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
Mailing Address 2916 Maese LN		
City Las Cruces	State NM	Zip Code 88007
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 60000.00
Candidate Name <b>Greg Sowards</b>	Category/ Type	Transaction ID : SB19A.7203
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)	
State: NM District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	205000.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020464570

**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 31 OF 48
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Greg Sowards For Senate LLC**

**A. Greg Sowards**

Full Name (Last, First, Middle Initial)

Mailing Address 2916 Maese LN

City Las Cruces State NM Zip Code 88007

Purpose of Disbursement  
LOAN REPAYMENT

Candidate Name  
**Greg Sowards**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: NM District:

Date of Disbursement: 06 / 04 / 2012

Amount of Each Disbursement this Period: 32000.00

Transaction ID : SB19A.7204

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

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

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

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

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 32000.00

**TOTAL** This Period (last page this line number only)..... 590000.00

12020484671

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4273

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2008

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	20000.00	180000.00

**TERMS**

Date Incurred: M 03 / D 13 / Y 2008  
Date Due: M M / D D / Y 2012  
Interest Rate: 7.00 % (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:
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:

**SUBTOTALS** This Period This Page (optional)..... ➤

180000.00

**TOTALS** This Period (last page in this line only) ..... ➤

180000.00

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

12020464672



**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Greg Sowards For Senate LLC** Transaction ID : **SC/10.4274**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Greg Sowards** *[PERSONAL FUNDS]* Election: 2008  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan 125000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 125000.00
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**TERMS**

Date Incurred M 03 / D 27 / Y 2008	Date Due M M / D D / Y 2012	Interest Rate 7.00 % (apr)	Secured: <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: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 125000.00

**TOTALS** This Period (last page in this line only) ..... ▶ [ ]

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

12020164673

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4315

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

Greg Sowards

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
601.28	0.00	601.28

**TERMS**

Date Incurred: M 02 / D 06 / Y 2009  
Date Due: M M / D D / Y 2015  
Interest Rate: 8.00 % (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: [ ]
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: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 601.28

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

12020464674

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4365

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan 150000.00	Cumulative Payment To Date 150000.00	Balance Outstanding at Close of This Period 0.00
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**TERMS**

Date Incurred: M 03 / D 31 / Y 2011  
Date Due: M M / D D / on demand  
Interest Rate: 8.00 % (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: [ ]
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: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00

**TOTALS** This Period (last page in this line only) ..... ▶ [ ]

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

12020464674

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4547

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
133000.00	133000.00	0.00

**TERMS**

Date Incurred: M 06 / D 30 / Y 2011  
Date Due: M M / D D / Y Y Y Y on demand  
Interest Rate: 7.00 % (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:
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:

**SUBTOTALS** This Period This Page (optional) ..... 0.00  
**TOTALS** This Period (last page in this line only) .....

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

12020464676

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4548

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan 70000.00	Cumulative Payment To Date 70000.00	Balance Outstanding at Close of This Period 0.00
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**TERMS**

Date Incurred: M 06 / D 30 / Y 2011  
Date Due: M M / D D / on demand  
Interest Rate: 7.00 % (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:
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:

**SUBTOTALS** This Period This Page (optional) ..... 0.00  
**TOTALS** This Period (last page in this line only) .....

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

12029464677

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4551

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	20000.00	0.00

**TERMS**

Date Incurred: 06 / 30 / 2011  
Date Due: on demand  
Interest Rate: 7.00 % (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:
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:

**SUBTOTALS** This Period This Page (optional)..... ▶ 0.00

**TOTALS** This Period (last page in this line only)..... ▶

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

12030464679

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full) **Greg Sowards For Senate LLC** Transaction ID : **SC/10.5345**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Greg Sowards** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan **125000.00** Cumulative Payment To Date **125000.00** Balance Outstanding at Close of This Period **0.00**

**TERMS** Date Incurred **09/29/2011** Date Due **on demand** Interest Rate **7.00** % (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:
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:

**SUBTOTALS** This Period This Page (optional) ..... ▶ **0.00**

**TOTALS** This Period (last page in this line only) ..... ▶

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

12020464679

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5346

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	60000.00	0.00

**TERMS**

Date Incurred: 09 / 29 / 2011  
Date Due: on demand  
Interest Rate: 7.00 % (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:
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:

**SUBTOTALS** This Period This Page (optional)..... ▶ 0.00

**TOTALS** This Period (last page in this line only) ..... ▶

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

12020464660



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5498

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
72000.00	32000.00	40000.00

**TERMS**

Date Incurred: M 12 / D 23 / Y 2011  
Date Due: M M / D D / on demand  
Interest Rate: 7.00 % (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: [ ]
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: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 40000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

12020464641

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5497

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	0.00	70000.00

**TERMS**

Date Incurred: M 12 / D 27 / Y 2011  
Date Due: M M / D D / Y on demand  
Interest Rate: 7.00 % (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:
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:

**SUBTOTALS** This Period This Page (optional) ..... ▶ 70000.00  
**TOTALS** This Period (last page in this line only) ..... ▶

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

12020464682

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5499

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan 9509.80	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9509.80
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M 12 / D 28 / Y 2011  
Date Due: M M / D D / Y on demand  
Interest Rate: 7.00 % (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:
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:

**SUBTOTALS** This Period This Page (optional)..... 9509.80

**TOTALS** This Period (last page in this line only).....

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

12020464683

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5567

Greg Sowards For Senate LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Greg Sowards

Primary

General

Other (specify) ▼

Mailing Address  
2916 Maese LN

City State ZIP Code  
Las Cruces NM 88007

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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**TERMS**

Date Incurred M 03 / D 30 / Y 2012	Date Due M M / D D / on demand	Interest Rate 7.00 % (apr)	Secured: <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).....	▶	[ ] 30000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

12020464684

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Greg Sowards For Senate LLC** Transaction ID : **SC/10.5568**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Greg Sowards</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2916 Maese LN		
City Las Cruces	State NM	ZIP Code 88007

Original Amount of Loan 70000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 70000.00
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**TERMS**

Date Incurred M 03 / D 30 / Y 2012	Date Due M M / D D / on demand	Interest Rate 7.00 % (apr)	Secured: <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: 70000.00
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).....	70000.00
<b>TOTALS</b> This Period (last page in this line only) .....	525111.08

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

1202046468E

**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)  
**Greg Sowards For Senate LLC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**BIG EYE DIRECT**

Nature of Debt (Purpose):  
**PRINTING**

Mailing Address **13860 REDSKIN DRIVE**

City State Zip Code  
**HERNDON VA 20171**

Outstanding Balance Beginning This Period **0.00** Transaction ID : **SD10.7228**

Amount Incurred This Period **3419.25** Payment This Period **0.00** Outstanding Balance at Close of This Period **3419.25**

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

Nature of Debt (Purpose):  
**WEB SERVICES**

Mailing Address **117 N ST ASAPH ST**

City State Zip Code  
**ALEXANDRIA VA 22314**

Outstanding Balance Beginning This Period **0.00** Transaction ID : **SD10.7219**

Amount Incurred This Period **7884.73** Payment This Period **0.00** Outstanding Balance at Close of This Period **7884.73**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CAPITOL HILL LISTS**

Nature of Debt (Purpose):  
**LIST RENTAL EXPENSE**

Mailing Address **1252 RAMBLING RILL CIRCLE**

City State Zip Code  
**STATHAM GA 30666**

Outstanding Balance Beginning This Period **0.00** Transaction ID : **SD10.7222**

Amount Incurred This Period **5600.84** Payment This Period **0.00** Outstanding Balance at Close of This Period **5600.84**

1) **SUBTOTALS** This Period This Page (optional) ..... ▶ **16904.82**

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) ▶

12020164666

**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)  
**Greg Sowards For Senate LLC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**RAIN MAKERS GROUP**

Nature of Debt (Purpose):  
**FINANCE CONSULTING**

Mailing Address **PO BOX 1082**

City State Zip Code  
**SPRINGFIELD VA 22151**

Outstanding Balance Beginning This Period **0.00** Transaction ID : **SD10.7230**

Amount Incurred This Period **3903.90** Payment This Period **0.00** Outstanding Balance at Close of This Period **3903.90**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**THE PRINTING EXPRESS**

Nature of Debt (Purpose):  
**PRINTING**

Mailing Address **PO BOX 1975**

City State Zip Code  
**HARRISONBURG VA 22801**

Outstanding Balance Beginning This Period **0.00** Transaction ID : **SD10.7226**

Amount Incurred This Period **2812.94** Payment This Period **0.00** Outstanding Balance at Close of This Period **2812.94**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Prosper Group**

Nature of Debt (Purpose):  
**WEB SERVICES**

Mailing Address **435 E. Main Street, Suite 250**

City State Zip Code  
**Greenwood IN 46143**

Outstanding Balance Beginning This Period **0.00** Transaction ID : **SD10.7231**

Amount Incurred This Period **12424.32** Payment This Period **0.00** Outstanding Balance at Close of This Period **12424.32**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>19141.16</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

12020464627

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 48
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Greg Sowards For Senate LLC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALLEY PRESS INC</b>	Nature of Debt (Purpose): PRINTING
Mailing Address PO BOX 1404	
City State Zip Code BROOKLANDVILLE MD 21022	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7220
Amount Incurred This Period 2827.13	Payment This Period 0.00
Outstanding Balance at Close of This Period 2827.13	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VALLEY PRESS INC</b>	Nature of Debt (Purpose): PRINTING
Mailing Address PO BOX 1404	
City State Zip Code BROOKLANDVILLE MD 21022	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7229
Amount Incurred This Period 1204.88	Payment This Period 0.00
Outstanding Balance at Close of This Period 1204.88	

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) .....	4032.01
2) TOTALS This Period (last page this line number only) .....	40077.99
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	525111.08
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	565189.07

12020454533



# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 07-15-12  
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 \_\_\_\_\_  
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

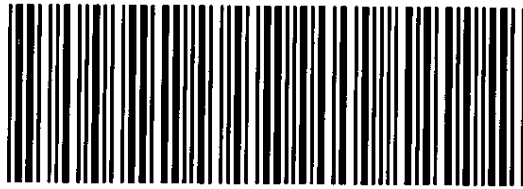
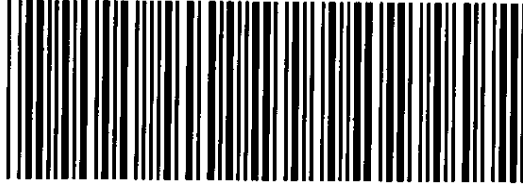
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-15-12

12020464668



12020464680