## 12030814564

FE5ANB18

FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2012 MAY 29 AM 11: 39 Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing er the lines.	ı, type	12FE4M5	FEC MAIL CE	NTER
LIASIOIN WARD	FOR COL	JIGIRIEIS	<b>S</b>				لبنا
						<del></del>	لب
ADDRESS (number and street)	LI IN ICIHIC	DITIEIAIUI	AIVIE		<del>-1-1-1-1</del>		
Check if different than previously reported. (ACC)	HARDINA				MT E	5.9.03.4]-[_	
2. FEC IDENTIFICATION N	JMBER ▼	CITY A			STATE A	ZIP CODE A	NSTRICT
[C	3.	IS THIS REPORT	X NEW (N)	OR	AMENC (A)	į.	AL
4. TYPE OF REPORT (Che  (a) Quarterly Reports:  April 15 Quarterly F	(b)	12-Day PRE-	Election Repor Primary (12P) Convention (1	(7) U			ff (12R)
July 15 Quarterly F  October 15 Quarter  January 31 Year-En	ty Report (Q3)	Election on	(B, E) '	å \$ '	<u> </u>	in the State of	МТ
January 31 Year-En	a Heport (YE) (c)	30-Day POS	T-Election Repo	<u> </u>	Runoff (30	PR) Speci	ial (30S)
Termination Report	(TER)	Election on	M M /	0 0		in the State of	
5. Covering Period でなってあり、ファンコ through しまって							
I certify that I have examined the		best of my known	owledge and b	elief it is tru	e, correct and	i complete.	
Signature of Treasurer		Ju		Da	ate 05	128 120	χįŽ
NOTE: Submission of false, errors	eous, or incomplete info	ormation may s	subject the pers	on signing th	nis Report to the	ne penalties of 2 U.S.C	. §437g.
Use Only						FEC FORM (Revised 02/2003)	•

12030814665

#### FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### **SUMMARY PAGE**

of Receipts and Disbursements

Page 2

_ W	/rite (	or Type Committee Name  ASON WAR	D FOR CONGRESS	
R	eport	t Covering the Period: From:	3 ' 18 ' 2012 To	: 05'\ 18'\ 26'\ 2
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		· · · · · · · · · · · · · · · · · · ·
	(a)	Total Contributions (other than loans) (from Line 11(e))	5,225.75	8,62075
	(b)	Total Contribution Refunds (from Line 20(d))		
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5,2,2,5.75	\$,620.75
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	8,858.40	16,4.7.4.1.7
	(b)	Total Offsets to Operating Expenditures (from Line 14)		
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8,858,40	16,474,17
8.		sh on Hand at Close of porting Period (from Line 27)	953.5.1	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on needule C and/or Schedule D)		·
10.	the	ots and Obligations Owed BY Committee (Itemize all on needule C and/or Schedule D)	8,806.93	

#### For further information contact:

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

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



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H-104

#### **DETAILED SUMMARY PAGE**

of Receipts Page 3 FEC Form 3 (Revised 12/2003) Write or Type Committee Name ARD FOR CONGRESS Report Covering the Period: From: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 4,000,00 1,500.00 (i) Itemized (use Schedule A)...... 4,620.75 3.7.2*5.*7.5 (ii) Uniternized ..... (iii) TOTAL of contributions from individuals ..... (b) Political Party Committees..... Other Political Committees (such as PACs) ..... (d) The Candidate ..... **TOTAL CONTRIBUTIONS** (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the Candidate..... (b) All Other Loans..... **TOTAL LOANS** (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)......

# 12030814567

FEC Form 3 (Revised 02/2003)

#### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	, 8,858,40	, 16,474.17
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	, ,368.85	,554.25
	(b) Of All Other Loans	,366.85	,554,25
20.	REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Than Political Committees		perfermentioners with somethic section of the control of the contr
	(b) Political Party Committees(c) Other Political Committees (such as PACs)		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		genomene in energy were compared to a mig- benediction of the modern of the modern of
21.	OTHER DISBURSEMENTS	<ul> <li>Section of the section of the section</li></ul>	THE THE STATE OF T
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	9,225.25	17,028.17
	III. CASH S	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING PERIOD	1,593.01
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	8,585.75
25.	SUBTOTAL (add Line 23 and Line 24)		10,178.76
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	, 9,225.25
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	IG PERIOD	, 9,225.25 , ,953.51

## SCHEDULE A (FEC Form 3)

Use separate schedule(s)

FOR LINE	NUMBER:	PAGE	50	F 14
(check only	one)			
<b>≥</b> 11a	11b	11c	11d	
12	13a	13b	14	

ITEMIZED RECEIPTS		Detailed Summary Page	11a	H	11b 13a	· -	11c 13b	11d	☐ <sub>15</sub>
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements m	nay not be sold or used by any paradress of any political committee	erson for the	e pu	irpos	se of	soliciti	ing contril	butions
NAME OF COMMITTEE (In Full)	F	OR CONGR	E55						
Full Name (Last, First, Middle Initial)  A. Mailing Address			Date of				· [*	~~~~	
305 N (hoteus Ave Hare)n	State	Zip Code 59034	0.3		2	4		L 0 /	실 ——
FEC ID number of contributing federal political committee.	C		4,	5,70.75.				his Period	=======
Name of Employer    Uest mare   and  Receipt For:		m net ycle-to-Date	-		:\$_ <i>:</i> _	<sup>2</sup> in '	- <u>-</u> 5	0.0	<u>, , 0</u>
Primary General Other (specify)		, , , , , , , , , , , , , , , , , , , ,							
Full Name (Last, First, Middle Initial)  B. Ward James  Mailing Address  Bux 67			Date of				/ [ <b>v</b>	ጌ ቀ ጌ ቀ ሀ	- <b>-</b> -
BUX 67 City WYOLA	State MT	Zip Code 59089		<u>.:!</u>	<u></u>		<u> </u>	-7	 
FEC ID number of contributing federal political committee.	C							his Period	
Name of Employer    Second   S	Occupation  O, 59/b  Election Cy	1 1 6	-	.2	. <b>.</b>	<u>. 7 - 10</u> '		<u>, ں۔ ب</u>	ا <b>دی</b> ر.
Full Name (Last, First, Middle Initial)  C. Mailing Address			Date of	F Red	ceip	ot			<del></del>
Mailing Address  Box  City  City	State	Zip Code	M	, 	D	ر م	/ [ <del>*</del>	<b></b>	· <b>V</b>
FEC ID number of contributing federal political committee.	C	77089						his Period	
Name of Employer	Occupation	bled			f	<u>-a. 4'</u>	5	500	00
Receipt For:  Primary General  Other (specify)	Election C	ycle-to-Date		_					
SUBTOTAL of Receipts This Page (optional)							1,5	-00 500,	<b>υ</b> Ο
TOTAL This Period (last page this line number of	only)			<u> </u>	.g	<u></u>	1,5	700.	60

SCHEDUL	ЕВ	(FEC	Form	3)
<b>ITEMIZED</b>	DISE	<b>3URSI</b>	EMEN'	TS

PAGE 6 OF 14 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X**17 19b **Detailed Summary Page** 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit centributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Date of Disbursement Mailing\_Addre Zip Code Amount of Each Disbursement this Period 59101 bursement 0.03 Candidate Name Category/ Type Office Sought: House Disbursement For: Primary General Senate Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement State Zip Code Amount of Each Disbursement this Period 004 Category/ Type House Disbursement For: Senate Primary General President Other (specify) District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Phone 001 Candidate Name Category/ Type Office Sought: Disbursement For: House **Primary** General Senate President Other (specify) District: State: SUBTOTAL of Disbursements This Page (optional).....

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

<b>SCHEDULE</b>	В	(FEC	<b>Form</b>	3)
ITEMIZED D	ISE	BURSI	EMEN'	TS

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **(17** 18 19b 19a **Detailed Summary Page** 20a 20b 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. OF COMMITTEE (In Full) First, Middle Initial) Full Name **Date of Disbursement** A. Mailing Address City Zip Code State Amount of Each Disbursement this Period 5000 Purpose-of Disbursement 0.03 Category/ SON Туре Disbursement For: Office Sought: Senate **Primary** General President Other (specify) District: Name (Last, First, Middle Initial) Date of Disbursement Mailing Address State Zip Code Amount of Each Disbursement this Period 0.03 Category/ Type Office Sought: Disbursement For: House Senate **Primary** General President Other (specify) (Last, First, Middle Initial) Date of Disbursement State Zip Code Amount of Each Disbursement this Period 60018 Purpose of Disbursement 00,6 107100 Candidate Name\_ Category/ WARC Type Office Sought: House Disbursement For: ✓ Primary General Senate Other (specify) President State: M District: SUBTOTAL of Disbursements This Page (optional).....

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

### SCHEDULE B (FEC Form 3)

Use separate schedule(s)

	FOR LINE (check onli		R:	PAGE	8	OF	15
I	X	17	18		19a	Г	19
		20a	20b		20c		21

ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	17 20a	-	18 20b	$\mathbb{H}$	19a 20c	${f -}$	19b 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar			the purp	ose	of solici		contrib	utions	
NAME OF COMMITTEE (In Full)  SASUN WARD FO	R CONGRESS								
Full Name (Last, First, Middle Initial)  A. Econologe  Mailing Address  S425 Midland Rd.  City State  Purpose of Disbursement  Hotel Mom Sar Fundamer Enter  Candidate Name  Office Sought: House Disbursement  Senate Prime	Zip Code  59101  Category/ Type	Amoi	of Disbu	2 4 ach [	Disburse	me	nt this P		
Full Name (Last, First, Middle Initial)  B. Super 8  Mailing Address  5400 Southgate Dr.		· · · · · · · · · · · · · · · · · · ·	of Disbu			Ž	۵1:	χ	
Purpose of Pisbursement  Hotel rooms for fordraker  Candidate Name  Office Sought:   House   Disbursement   Senate   Prime		unt of Ea	i. ,,.			nt this P			
	ary General r (specify)								
Mailing Address 880 N 29th State City State Purpose of Disbursement	Zip Code 59/01  Poteroches Category/ Type	Amo	of Disbu	o c	Disburse	· :	nt this P	, .	
Senate Prima									
SUBTOTAL of Disbursements This Page (optional)		ja ja	<b>.</b> . <b>.</b>	· · · ·	2.11 21.34 (2.11 21.34	7	88.	+ )	1
TOTAL This Period (last page this line number only)			`		muniui. Maarii		nu vi Namas		1

OF 14 PAGE FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS **X**17 18 19a 19b **Detailed Summary Page** 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) Full Name (Last, First, Middle Initial) **Date of Disbursement** Mailing Addres State City Zip Code Amount of Each Disbursement this Period Purpos sement *Od.1* | Candidate Name Category/ Type Disbursement For: Office Sought: House Primary Primary General Senate<sup>1</sup> President Other (specify) District: First, Middle Initial) **Date of Disbursement** Mailing Ad Zip Code City State Amount of Each Disbursement this Period Purpose Candidate Name Category/ Type Office Sought: Disbursement For: House Senate **₹ Primary** General Other (specify) President State: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period المراجعة ال حي المحاجة الراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المسترعة ا Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General

Other (specify)

State:

**President** 

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

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

District:

## SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE / O

×	13a
П	13b

OF 14

NAME OF COMMITTEE (In Full)						
JASON WARD FOR COA	1GRE35					
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:					
	Primary					
WARD JASON, D Bank L	General					
Mailing Address	Other (specify) ▼					
I N Choteau Ave	Carre (appeal), V					
City State ZIP Co	ode					
Hardin MT 5	9034					
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period					
	,554.25 , 5,446.93					
TERMS	Interest Date Coursel					
Date Incurred Date Due						
01132012	26,99 % (apr) ⊠ <sub>Yes</sub> □ <sub>No</sub>					
List All Endorsers or Guarantors (if any) to Loan Source						
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
L	Outstanding:					
2. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
Mailing Address	Cocupation					
	Amount					
0,4	Amount					
City State ZIP Code	Outstanding: Country of the Country					
	<u> </u>					
3. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
Mailing Address	Occupation					
	A					
	Amount produced to be a set of the produced to					
City State ZIP Code	Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
·						
	Amount Total, Table 1 Laborate Laborate Russian Russia					
City State ZIP Code	Guaranteed Outstanding:					
	Outstanding:					
	·					
	Association of the control of the co					
SUBTOTALS This Period This Page (optional)						
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.						

## SCHEDULE C (FEC Form 3) LOANS

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

PAGE / 1 OF
FOR LINE NUMBER:
(check only one)

	-	
X	13a	
,	106	

OANS	Detailed Summary Page (check only one) 13a				
VAME OF COMMITTEE (In Full)					
JASON WARN FOR CONGRESS					
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:				
WARD, JASON, D	Primary General				
Mailing Address	Other (specify)				
1 N Choteau Ave					
City State ZIP Cod	_ 4				
Harvin MT 59	1034				
Original Amount of Loan Cumulative Payment To					
3,7 60. —	3,360,00				
TERMS					
Date Incurred Date Due	Interest Rate Secured:				
04'14'2012 11'88'5					
List All Endorsers or Guarantors (if any) to Loan Source	Yes No				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount בין אור אין				
J.,	Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
-	Amount				
City State ZIP Code	Guaranteed				
3. Full Name (Last, First, Middle Initial)					
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount proprogramme and any				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					
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.					

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

Supplementary for Information found on Page 12 of Schedule C

SASON WARD FOR C				
SASON WARD FOR C				ATION NUMBE
	ONGRESS			numinun Numi. Hilmadus indirikun
ENDING INSTITUTION (LENDER)	Amount of Loan	1	Interest	Rate (APR)
full Name	province on the settlem.	rete te p		
	Tunkerkari nunikari inika		 	<b>%</b>
Mailing Address	Date Incurred or Established			Y Y Y Y Y
State Zip Code	Date Due	i	'11	. Y . Y . Y . Y Y
A. Has loan been restructured? No Yes	If yes, date originally incurre			(Y. Y. Y. Y. Y.
B. If line of credit,  Amount of this Draw:   Amount of this Draw:	Outstanding			ر د د اسان شراسسی. د سال ۱۹۰۰ شاه
C. Are other parties secondarily liable for the debt incu	nust be reported on Schedule C.	)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	e loan: real estate, personal of deposit, chattel papers,	What is the value of this collateral?		
		Does the ler		perfected security
E. Are any future contributions or future receipts of inte- collateral for the loan? No Yes If yes,	What is the estimated value?			
A depository account must be established pursuant to 11 CFR 160.82(e)(2) and 100.142(e)(2).				
10 11 OFR 100.02(e)(2) and 100.142(e)(2).	Address:			
Date account established:	City, State, Zip:			
Date account established:	was pledged for this loan, or if t			
Date account established:  M M / D D / Y Y Y  F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which	was pledged for this loan, or if t	asis on which		
Date account established:  M M / D D / Y Y Y Y  F. If neither of the types of collateral described above	was pledged for this loan, or if t	asis on which	it assures re	payment.
Date account established:  M M / D D / Y Y Y Y  F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which	was pledged for this loan, or if t	DATE	it assures re	payment.
Date account established:  M M / D D / Y Y Y Y  F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which G. COMMITTEE TREASURER Typed Name	was pledged for this loan, or if t	DATE	it assures re	payment.
F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which is a signed copy of the loan agreement.  H. Attach a signed copy of the loan agreement.  I. TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the are accurate as stated above.  II. The loan was made on terms and conditions (similar extensions of credit to other borrowers lill. This institution is aware of the requirement tha	was pledged for this loan, or if the this loan was made and the batterns of the loan and other information including interest rate) no more for comparable credit worthiness at a loan must be made on a base	DATE  mation regar avorable at the	ding the extense time than	ension of the load
F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which is a signed copy of the loan agreement.  H. Attach a signed copy of the loan agreement.  I. TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the are accurate as stated above.  II. The loan was made on terms and conditions (similar extensions of credit to other borrowers III. This institution is aware of the requirement than nomplied with the requirements set forth at 11	was pledged for this loan, or if the this loan was made and the batterns of the loan and other information including interest rate) no more for comparable credit worthiness at a loan must be made on a base	DATE  mation regar avorable at tr. is which assi	ding the extense time than	ension of the load
F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which is a signed copy of the loan agreement.  H. Attach a signed copy of the loan agreement.  I. TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the are accurate as stated above.  II. The loan was made on terms and conditions (similar extensions of credit to other borrowers lill. This institution is aware of the requirement tha	was pledged for this loan, or if the this loan was made and the batterns of the loan and other information including interest rate) no more for comparable credit worthiness at a loan must be made on a base	DATE  mation regar avorable at the sis which assuking this loan DATE	ding the extense time than	ension of the loa

## SCHEDULE D (FEC Form 3)

(Use separate schedule(s)

PAGE 13 OF 14 FOR LINE NUMBER:

	9
$\boxtimes$	10

EDIS AND OBLIGATIONS	for each (check only one) 9 numbered line)
AME OF COMMITTEE (In Full)	numbered line) 10
DASUN WARD FOR CONGRES	5
A. 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 Pe	Period Outstanding Balance at Close of This Period
Parious incurred this residual parameters in the parious control of	
	<u></u>
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
	•
City State Zip Code	
Outstanding Balance Beginning This Period	
Annual Institute of Principles	Outstand Delivery of Olevery of This Parties
Amount Incurred This Period Payment This Pe	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
Industry Addition	
City State Zip Code	3
Outstanding Balance Beginning This Period	
The country and the country an	
Amount Incurred This Period Payment This Pe	Period Outstanding Balance at Close of This Period
Allouit incured this relied Payment this re	Constituting balance at close of this Felic
Lanaranan Lanaran	
) SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page this line number only)	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)	► L., 8,80 6,93 st page only) ► L., 8,80 6,93
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last	st page only) •

#### FEC FORM 3Z (File with Form 3)

#### **CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

	Name of Principal Campaign Committee (In Full) Report Covering Period:						
,	JASON WARD FOR CONGRESS From:  03 16 2012 03 16 2012						
SASON WARD FOR CONGRESS			(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
Α				5225.75			
В	С	Column Total Last Page Only			8620,75		
		(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
	Α			5225.75		3360	
	В			8620.75		8806.93	
		(i) Line No. 13(c) Total Loans	(i) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(i) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
	Α	3360			8585.75	8858.40	
	В	8806.93			17392.68	16474.17	
		(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
	Α	366.85		366.85			
	8	554.25		554.25			
		(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
	Α			9225.25	1593.01	953.51	
	В			17028,17			
		(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			·
	Α	8806 93	5225,75	8858.40			
	В		8620.75	8858.40 16474.17			

### **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** 5/25/12 Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date **Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 5/29/12 **DATE PREPARED**

(3/2005)