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Image# 13961601054

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3 | AIN | | horized Com | | ' | | Office Use Only |
|--|--|--------------|----------------------|----------------------------------|---------|--------------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in | | OR PRINT | | ample: If typin er the lines. | g, type | 12FE4M5 | |
| KATHY AFZA | LI FOR CON | IGRESS | | | | | |
| <u> </u> | | | | | | | |
| ADDRESS (number ar | I 1 | BOX 412 | | | | | |
| Check if dir than previo reported. (A | usly BF | RADDOCK HEI | GHTS | | | MD | 21714 |
| 2. FEC IDENTIFIC | CATION NUMBI | ER ▼ | CITY | | | STATE A | ZIP CODE A STATE ▼ DISTRICT |
| C C0051130 | 60 | | 3. IS THIS REPORT | X NEW (N) | OR | AMENE (A) | |
| (a) Quarterly R X April 15 | PORT (Choose eports: 5 Quarterly Report Quarterly Report or 15 Quarterly Re | (Q1) (Q2) | D) 12-Day PRE | Primary (12P) Convention (| | General (1 Special (1 | |
| January | / 31 Year-End Rep | port (YE) (c | c) 30-Day POS | T -Election Rep | | 1 | п |
| Termina | ation Report (TER) | | Election on | General (30G | D D / | Runoff (30 | Special (30S) in the State of |
| 5. Covering Period | M M / | 01 / | Y Y Y Y Y 2013 | through | M M 03 | / 31 / | Y Y Y Y 2013 |
| 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 John Cornelius | | | | | | | |
| Signature of Treasurer John Cornelius [Electronically Filed] Date 04 13 2013 | | | | | | | |
| 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) |

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

KATHY AFZALI FOR CONGRESS

| | | | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|-----|-----|--|-------------------------|---------------------------------|
| 3. | Net | Contributions (other than loans) | | |
| | (a) | Total Contributions (other than loans) (from Line 11(e)) | 0.00 | 13791.99 |
| | (b) | Total Contribution Refunds (from Line 20(d)) | 0.00 | 999.99 |
| | (c) | Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 0.00 | 12792.00 |
| 7. | Net | Operating Expenditures | | |
| | (a) | Total Operating Expenditures (from Line 17) | 0.00 | 27968.98 |
| | (b) | Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 0.00 |
| | (c) | Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 0.00 | 27968.98 |
| 3. | | sh on Hand at Close of porting Period (from Line 27) | 412.68 | |
| 9. | the | ots and Obligations Owed TO Committee (Itemize all on a ledule C and/or Schedule D) | 0.00 | |
| 10. | the | ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D) | 15700.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

KATHY AFZALI FOR CONGRESS

Report Covering the Period: From: 01 01 2013 To: 03 31 2013

| | I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date | |
|-----|--|-------------------------------|---------------------------------|--|
| 11. | CONTRIBUTIONS (other than loans) FROM: | | | |
| | (a) Individuals/Persons Other Than | | | |
| | Political Committees (i) Itemized (use Schedule A) | 0.00 | 10500.00 | |
| | (ii) Unitemized | 0.00 | 2292.00 | |
| | (iii) TOTAL of contributions from individuals | 0.00 | 12792.00 | |
| | (b) Political Party Committees | 0.00 | 0.00 | |
| | (c) Other Political Committees (such as PACs) | 0.00 | 999.99 | |
| | (d) The Candidate | 0.00 | 0.00 | |
| | (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 13791.99 | |
| 2. | TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 | |
| 3. | LOANS: | | | |
| | (a) Made or Guaranteed by the Candidate | 0.00 | 15700.00 | |
| | (b) All Other Loans | 0.00 | 0.00 | |
| | (c) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 15700.00 | |
| 4. | OFFSETS TO OPERATING EXPENDITURES | | | |
| | (Refunds, Rebates, etc.) | 0.00 | 0.00 | |
| 5. | OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.28 | |
| 6. | TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) | 0.00 | 29492.27 | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date | |
|--|---|-------------------------------|------------------------------------|--|
| 17. | OPERATING EXPENDITURES | 0.00 | 27968.98 | |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 | |
| 19. | LOAN REPAYMENTS: | | | |
| | (a) Of Loans Made or Guaranteed by the Candidate | 0.00 | 0.00 | |
| | (b) Of All Other Loans | 0.00 | 0.00 | |
| | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 0.00 | |
| 20. | REFUNDS OF CONTRIBUTIONS TO: | | | |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| | | 0.00 | 0.00 | |
| | (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 | |
| | (such as PACs) | 0.00 | 999.99 | |
| | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 999.99 | |
| 21. | OTHER DISBURSEMENTS | 0.00 | 110.62 | |
| 22. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 0.00 | 29079.59 | |
| | III. CASH SU | JMMARY | | |
| 23. | CASH ON HAND AT BEGINNING OF REPOR | RTING PERIOD | 412.68 | |
| 24 | TOTAL RECEIPTS THIS PERIOD (from Line | 0.00 | | |
| 25. | SUBTOTAL (add Line 23 and Line 24) | 412.68 | | |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (froi | m Line 22) | 0.00 | |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | | | 412.68 | |

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

| X | 13a |
|---|-----|
| | 13h |

Detailed Summary Page Transaction ID: SC/10.4196 NAME OF COMMITTEE (In Full) KATHY AFZALI FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary KATHY AFZALI General Mailing Address Other (specify) \blacktriangledown PO BOX 412 State ZIP Code City MD 21714 **BRADDOCK HEIGHTS** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M ^D30 Ž012 0.00 03/15/2013 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 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.

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

13a

OF

Detailed Summary Page 13b Transaction ID: SC/10.4300 NAME OF COMMITTEE (In Full) KATHY AFZALI FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Primary KATHY AFZALI General Mailing Address Other (specify) \blacktriangledown PO BOX 412 State ZIP Code City MD 21714 **BRADDOCK HEIGHTS** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M Ž012 3/13/2013 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 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.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

| × | 13a |
|---|-----|
| | 13b |

LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4284 NAME OF COMMITTEE (In Full) KATHY AFZALI FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary KATHY AFZALI General Mailing Address Other (specify) \blacktriangledown PO BOX 412 State ZIP Code City MD 21714 **BRADDOCK HEIGHTS** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 3700.00 0.00 3700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 09 Ž012 0.00 11/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3700.00 TOTALS This Period (last page in this line only) 15700.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.