

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 KATHY AFZALI FOR CONGRESS

ADDRESS (number and street) PO BOX 412 BRADDOCK HEIGHTS MD 21714 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00511360 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT MD 06

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 M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2012 through M M / D D / Y Y Y Y 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 John Cornelius Signature of Treasurer John Cornelius [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 11 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
KATHY AFZALI FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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))....	460.00	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)).....	460.00	12792.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6878.02	27735.60
(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)).....	6878.02	27735.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-1353.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	13700.00	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

KATHY AFZALI FOR CONGRESS

Report Covering the Period: From: / / To: / /

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).....	250.00	10500.00
(ii) Unitemized.....	210.00	2292.00
(iii) TOTAL of contributions from individuals ▶	460.00	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
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	460.00	13791.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3700.00	13700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3700.00	13700.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.28
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4160.00	27492.27

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6878.02	27735.60
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
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (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) ►	6878.02	28846.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1364.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4160.00
25. SUBTOTAL (add Line 23 and Line 24).....	5524.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6878.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-1353.94

**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 5 OF 12
	<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	

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)
KATHY AFZALI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lisa and William Miles

Mailing Address P.O. Box 251

City: **Huntington** State: **MD** Zip Code: **20639**

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

Name of Employer: **Unknown** Occupation: **U nknown**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 12 / 2012

Transaction ID : SA11Al.4276

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

250.00

**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 7 OF 12	
	<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)
KATHY AFZALI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KATHY AFZALI		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4288
City BRADDOCK HEIGHTS	State MD	
Zip Code 21714	Purpose of Disbursement Mileage /Sign Placement /signs	Category/ Type 006
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MD	District: 06	

Full Name (Last, First, Middle Initial) B. KATHY AFZALI		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2012
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 4350.00 Transaction ID : SB17.4298
City BRADDOCK HEIGHTS	State MD	
Zip Code 21714	Purpose of Disbursement Advertizing Expenses reimbursement	Category/ Type 004
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: MD	District: 06	

Full Name (Last, First, Middle Initial) C. KATHY AFZALI		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 397.79 Transaction ID : SB17.4294
City BRADDOCK HEIGHTS	State MD	
Zip Code 21714	Purpose of Disbursement Reimbursement for Advertising expenses	Category/ Type 004
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MD	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	5197.79
TOTAL 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 8 OF 12			
	<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)
KATHY AFZALI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David L Bittle		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2012
Mailing Address 20626 Emerald Drive		Amount of Each Disbursement this Period 215.00 Transaction ID : SB17.4291
City Hagerstown	State MD	
Zip Code 21742	Purpose of Disbursement Mileage reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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: District:	

Full Name (Last, First, Middle Initial) B. Susan Bittle		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 20626 Emerald Drive		Amount of Each Disbursement this Period 156.00 Transaction ID : SB17.4292
City Hagerstown	State MD	
Zip Code 21742	Purpose of Disbursement mileage reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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: District:	

Full Name (Last, First, Middle Initial) c. Heather Duma		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 217 W. Cedar Lane		Amount of Each Disbursement this Period 233.38 Transaction ID : SB17.4286
City Fruitland	State MD	
Zip Code 21826	Purpose of Disbursement Media Consulting	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	604.38
TOTAL 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 9 OF 12
	<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)
KATHY AFZALI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Heather Duma		Date of Disbursement MM / DD / YYYY 04 / 07 / 2012
Mailing Address 217 W. Cedar Lane		Amount of Each Disbursement this Period 938.50
City Fruitland	State MD	
Zip Code 21826	Purpose of Disbursement 001	Transaction ID : SB17.4290
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. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 04 / 02 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 88.47
City Nokesville	State VA	
Zip Code 20181	Purpose of Disbursement Field Expenses Phone Cards 001	Transaction ID : SB17.4285
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) c. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 04 / 02 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69
City Nokesville	State VA	
Zip Code 20181	Purpose of Disbursement Salary 001	Transaction ID : SB17.4299
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:		

SUBTOTAL of Disbursements This Page (optional).....	938.50
TOTAL 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 10 OF 12	
	<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)
KATHY AFZALI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jennifer Stauffer		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 116.67 Transaction ID : SB17.4293
City Nokesville	State VA Zip Code 20181	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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:		

SUBTOTAL of Disbursements This Page (optional).....	116.67
TOTAL This Period (last page this line number only).....	6857.34

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KATHY AFZALI FOR CONGRESS** Transaction ID : **SC/10.4196**

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

Mailing Address
PO BOX 412

City State ZIP Code
BRADDOCK HEIGHTS MD 21714

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 01 / D 30 / Y 2012
Date Due: M M / D D / Y 03/15/2013
Interest Rate: 0.00 % (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)..... ▶ 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)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4284

KATHY AFZALI FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

KATHY AFZALI

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 412

City

State

ZIP Code

BRADDOCK HEIGHTS

MD

21714

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3700.00

0.00

3700.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 09 /

Y 2012 Y

M /

D /

Y 11/01/2016 Y

0.00 % (apr)

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)..... ▶

3700.00

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

13700.00

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