

# 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

LA FERLA FOR CONGRESS

ADDRESS (number and street) 209 BIRCH RUN ROAD

PO BOX 832

Check if different than previously reported. (ACC)

CHESTERTOWN

MD

21620

2. **FEC IDENTIFICATION NUMBER**

C C00507335

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

01

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

through

M M /

D D /

Y Y Y Y

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 Nancy E Harrison

Signature of Treasurer Nancy E Harrison

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Write or Type Committee Name  
**LA FERLA 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))....	26239.94	115540.25
(b) Total Contribution Refunds (from Line 20(d)) .....	500.00	4933.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25739.94	110607.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	28084.82	136793.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	194.58	318.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27890.24	136474.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	151.33	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	26824.88	

**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

**LA FERLA FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7000.00	62825.00
(ii) Unitemized.....	2710.00	27769.18
(iii) TOTAL of contributions from individuals ▶	9710.00	90594.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1500.00	6500.00
(d) The Candidate.....	15029.94	18446.07
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26239.94	115540.25
<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	32664.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	32664.70
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	194.58	318.61
<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>	26434.52	148523.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28084.82	136793.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	5000.00	6646.07
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	5000.00	6646.07
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	4933.00
(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)).....	500.00	4933.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	33584.82	148372.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7301.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26434.52
25. SUBTOTAL (add Line 23 and Line 24).....	33736.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33584.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	151.33

**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 40
	<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)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms O Marie Anderson**

Mailing Address 919 N. Meadowview Dr

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 07 / 2012

**Transaction ID : SA11AI.5459**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Valerie Arkoosh**

Mailing Address 530 Spring Lane

City State Zip Code  
Wyndmoor PA 19038

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

Name of Employer Occupation  
University of Penn. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2012

**Transaction ID : SA11AI.5395**

Amount of Each Receipt this Period  
1250.00

Primary Debt Relief

**C.** Full Name (Last, First, Middle Initial)  
**Margie Baker**

Mailing Address 220 Calvert Street

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SA11AI.5444**

Amount of Each Receipt this Period  
75.00

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

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

1525.00

**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 6 OF 40
	<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)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Berkowitz**

Mailing Address 1075 Park Avenue 4A

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Self Medical Doctor

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 / 03 / 2012

**Transaction ID : SA11AI.5375**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Allan Bernstein**

Mailing Address 450 Marion Way

City State Zip Code  
Palo Alto CA 94301

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

Name of Employer Occupation  
Permanente Medical Group Physician

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  
05 / 29 / 2012

**Transaction ID : SA11AI.5456**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Sandra Bjork**

Mailing Address 110 Birch Run Rd

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
None Not employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SA11AI.5449**

Amount of Each Receipt this Period  
75.00

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

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

375.00

**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 40
	<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)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Brown**

Mailing Address 4241 North Sand Rd

City: Hershey State: NE Zip Code: 69143

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

Name of Employer: Self Occupation: Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 13 / 2012

**Transaction ID : SA11AI.5397**

Amount of Each Receipt this Period: 250.00

Primary Debt Relief

**B.** Full Name (Last, First, Middle Initial)  
**Robert Bryan Jr.**

Mailing Address 13761 Shallcross Wharf

City: Kennedyville State: MD Zip Code: 21645

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: 350.00

Date of Receipt: 06 / 29 / 2012

**Transaction ID : SA11AI.5492**

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Avis Carr**

Mailing Address 861 Washington Ave #212

City: Chestertown State: MD Zip Code: 21620

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

Name of Employer: none Occupation: None

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 03 / 2012

**Transaction ID : SA11AI.5383**

Amount of Each Receipt this Period: 250.00

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

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

600.00

**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 8 OF 40
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Margaret Cook</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2012
Mailing Address 206 Birch Run Rd		<b>Transaction ID : SA11AI.5424</b>
City Chestertown	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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>B. Mark Glaze</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2012
Mailing Address 200 Touhey Dr		<b>Transaction ID : SA11AI.5377</b>
City Stevensville	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dept of Transportation	Occupation Air Quality Specialist	
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>C. Harry Hart</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2012
Mailing Address 855 High Street		<b>Transaction ID : SA11AI.5463</b>
City Chestertown	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Physician	
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).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 40
	<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)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Herlihy**

Mailing Address 14006 Huyett Lane

City Galena State MD Zip Code 21635

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 **775.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 19 / 2012**

**Transaction ID : SA11AI.5462**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Martha Holland**

Mailing Address 212 Birch Run Rd

City Chestertown State MD Zip Code 21620

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  
 M M / D D / Y Y Y Y  
**04 / 26 / 2012**

**Transaction ID : SA11AI.5410**

Amount of Each Receipt this Period  
**250.00**

Primary Debt Relief

**C.** Full Name (Last, First, Middle Initial)  
**Tonya Jarvis**

Mailing Address 22681 Bella Rita Circle

City Boca Raton State FL Zip Code 33433

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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2012**

**Transaction ID : SA11AI.5428**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1500.00**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 10 OF 40

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NAME OF COMMITTEE (In Full)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jim Lavin**

Mailing Address PO BOX 400

City Crumpton State MD Zip Code 21628

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

Name of Employer Self Occupation Medical Doctor

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : SA11AI.5431**

Amount of Each Receipt this Period  
 100.00

Amount of Each Receipt this Period  
 350.00

**B.** Full Name (Last, First, Middle Initial)  
**William Lindsay**

Mailing Address 201 Richard Drive

City Chestertown State MD Zip Code 21620

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

Name of Employer none Occupation none

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : SA11AI.5432**

Amount of Each Receipt this Period  
 50.00

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Marty Saulenas**

Mailing Address 22681 Bella Rita Circle

City Boca Raton State FL Zip Code 33433

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

Name of Employer Sunbeam Occupation not supplied

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : SA11AI.5426**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

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

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

1150.00

**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 11 OF 40
	<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)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Christina Showalter**

Mailing Address 126 North Queen St

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : SA11AI.5437**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Smith**

Mailing Address 329 Fords Landing Lane

City State Zip Code  
Millington MD 21651

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : SA11AI.5452**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Jennifer Stanley**

Mailing Address PO Box 159

City State Zip Code  
Oxford MD 21654

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.5417**

Amount of Each Receipt this Period  
500.00  
Primary Debt Relief

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

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

900.00

**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 12 OF 40
	<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)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Timberman**

Mailing Address 217 Mt. Vernon Ave

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
US Govt Consultant

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  
 05 / 22 / 2012

**Transaction ID : SA11A1.5430**

Amount of Each Receipt this Period  
150.00

**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).....

150.00

7000.00

**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 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kent County Democratic Central Committee**

Mailing Address **PO Box 776**

City **Chestertown** State **MD** Zip Code **21620**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 11 / 2012**

**Transaction ID : SA11C.5420**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**PLANNED PARENTHOOD ACTION FUND INC**

Mailing Address **434 WEST 33RD STREET**

City **NEW YORK** State **NY** Zip Code **10001**

FEC ID number of contributing federal political committee. **C C70004148**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 02 / 2012**

**Transaction ID : SA11C.5369**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**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).....

\_\_\_\_\_

**1500.00**

\_\_\_\_\_

**1500.00**

**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 14 OF 40
	<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)  
**LA FERLA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. JOHN JAMES DR J LA FERLA**

Mailing Address 209 BIRCH RUN ROAD

City State Zip Code  
CHESTERTOWN MD 21620

FEC ID number of contributing federal political committee. **C H2MD01154**

Name of Employer Occupation  
Corsica Womens Health Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**51080.83**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2012**

**Transaction ID : SA11D.5359**

Amount of Each Receipt this Period  
**15000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. JOHN JAMES DR J LA FERLA**

Mailing Address 209 BIRCH RUN ROAD

City State Zip Code  
CHESTERTOWN MD 21620

FEC ID number of contributing federal political committee. **C H2MD01154**

Name of Employer Occupation  
Corsica Womens Health Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**51095.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 18 / 2012**

**Transaction ID : SA11D.5330**

Amount of Each Receipt this Period  
**14.97**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. JOHN JAMES DR J LA FERLA**

Mailing Address 209 BIRCH RUN ROAD

City State Zip Code  
CHESTERTOWN MD 21620

FEC ID number of contributing federal political committee. **C H2MD01154**

Name of Employer Occupation  
Corsica Womens Health Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**51110.77**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11D.5493**

Amount of Each Receipt this Period  
**14.97**

In-kind - web hosting service paid directly by candidate

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

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

**15029.94**

**15029.94**

**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 15 OF 40			
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Act Blue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period 59.26
City Cambridge	State MA Zip Code 02138	
Purpose of Disbursement processing fees for April		Transaction ID : SB17.5482
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	Category/ Type
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>B. George Connelly</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 411 Washington Street		Amount of Each Disbursement this Period 2143.69
City Chestertown	State MD Zip Code 21620	
Purpose of Disbursement Finance Consultant and reimbursable expenses		Transaction ID : SB17.5336
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	Category/ Type 001
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>c. Delmarva Power</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 1613 North Salisbury Blvd		Amount of Each Disbursement this Period 81.01
City Salisbury	State MD Zip Code 21801	
Purpose of Disbursement utilities		Transaction ID : SB17.5479
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	Category/ Type
State: MD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2283.96
<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 16 OF 40			
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Delmarva Power</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 1613 North Salisbury Blvd		Amount of Each Disbursement this Period 61.12 <b>Transaction ID : SB17.5333</b>
City Salisbury	State MD Zip Code 21801	
Purpose of Disbursement	Category/Type 001	
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>B. Johnson Fortenbaugh</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 357 High Street		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.5337</b>
City Chestertown	State MD Zip Code 21620	
Purpose of Disbursement Rent	Category/Type 001	
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>C. Dr. JOHN JAMES DR J LA FERLA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 14.97 <b>Transaction ID : SB17.5494</b>
City CHESTERTOWN	State MD Zip Code 21620	
Purpose of Disbursement In-kind - web hosting service paid directly by candidate	Category/Type	
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 <input type="checkbox"/> Other (specify)	
State: MD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	226.09
<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 17 OF 40	
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Main Street Business Solutions Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 102 Chester Village		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.5353</b>
City Chester	State MD	
Zip Code 21619	Purpose of Disbursement Compliance Services	Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>B. Main Street Business Solutions Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 102 Chester Village		Amount of Each Disbursement this Period 1087.50 <b>Transaction ID : SB17.5338</b>
City Chester	State MD	
Zip Code 21619	Purpose of Disbursement Compliance Services	Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>c. Main Street Business Solutions Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2012
Mailing Address 102 Chester Village		Amount of Each Disbursement this Period 608.55 <b>Transaction ID : SB17.5472</b>
City Chester	State MD	
Zip Code 21619	Purpose of Disbursement compliance consultant	Category/ Type
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	State: MD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4096.05
<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 18 OF 40			
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Main Street Business Solutions Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 102 Chester Village		Amount of Each Disbursement this Period 322.50 <b>Transaction ID : SB17.5502</b>
City Chester	State MD	
Zip Code 21619	Purpose of Disbursement compliance work	Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas Martin</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address 112 Cross Street		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.5360</b>
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement reimburse travel expenses	Category/ Type 002
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas Martin</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address 112 Cross Street		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.5361</b>
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement Campaign management services	Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	State: MD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2322.50
<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 19 OF 40			
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas Martin</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2012
Mailing Address 112 Cross Street		Amount of Each Disbursement this Period 1208.00 <b>Transaction ID : SB17.5363</b>
City Chestertown	State MD	
Purpose of Disbursement Reimburse Travel Expenses		Category/ Type 002
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Paradee Gas Co.</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address 28541 John J. Williams Hwy		Amount of Each Disbursement this Period 129.55 <b>Transaction ID : SB17.5325</b>
City Millsboro	State DE	
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>c. Paradee Gas Co.</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 28541 John J. Williams Hwy		Amount of Each Disbursement this Period 110.47 <b>Transaction ID : SB17.5339</b>
City Millsboro	State DE	
Purpose of Disbursement Utilities		Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1448.02
<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 20 OF 40			
	<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)  
**LA FERLA FOR CONGRESS**

**A. Postmaster**

Full Name (Last, First, Middle Initial)  
Mailing Address 104 Spring Ave.

City Chestertown State MD Zip Code 21620

Purpose of Disbursement Postage Category/Type 001

Candidate Name LA FERLA FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MD District: 01

Date of Disbursement: 05 / 12 / 2012

Amount of Each Disbursement this Period: 117.00

Transaction ID : SB17.5468

**B. Postmaster**

Full Name (Last, First, Middle Initial)  
Mailing Address 104 Spring Ave.

City Chestertown State MD Zip Code 21620

Purpose of Disbursement Postage Category/Type

Candidate Name LA FERLA FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MD District: 01

Date of Disbursement: 05 / 22 / 2012

Amount of Each Disbursement this Period: 47.00

Transaction ID : SB17.5469

**c. Sharp Political Consulting LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 334

City Strawsburg State VA Zip Code 22657

Purpose of Disbursement Campaign Finance Consulting Services Category/Type

Candidate Name LA FERLA FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: MD District: 01

Date of Disbursement: 06 / 13 / 2012

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.5474

**SUBTOTAL** of Disbursements This Page (optional) ..... 2164.00

**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 21 OF 40			
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tru Blu Politics</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : SB17.5347</b>
City Columbia State MD Zip Code 21044	Purpose of Disbursement Robo Call 003 Category/Type	
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>B. Tru Blu Politics</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 5663.20 <b>Transaction ID : SB17.5516</b>
City Columbia State MD Zip Code 21044	Purpose of Disbursement debt reduction: mail piece 003 Category/Type	
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>c. Tru Blu Politics</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.5512</b>
City Columbia State MD Zip Code 21044	Purpose of Disbursement debt reduction: campaign consulting 003 Category/Type	
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	
State: MD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12763.20
<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 22 OF 40			
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tru Blu Politics</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.5513</b>
City Columbia	State MD Zip Code 21044	
Purpose of Disbursement debt reduction: website services		Category/ Type 003
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) <b>B. UPS Store</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address 861 Washington Ave		Amount of Each Disbursement this Period 94.93 <b>Transaction ID : SB17.5348</b>
City Chestertown	State MD Zip Code 21620	
Purpose of Disbursement administrative - copies, mailing		Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2012
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 209.73 <b>Transaction ID : SB17.5354</b>
City Dallas	State TX Zip Code 75392	
Purpose of Disbursement telephone		Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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 <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2304.66
<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 23 OF 40	
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 165.74 <b>Transaction ID : SB17.5355</b>
City Dallas	State TX	
Zip Code 75392	Purpose of Disbursement final phone bill	Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Beilin Zia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 379 Cypress St		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.5500</b>
City Millington	State MD	
Zip Code 21651	Purpose of Disbursement social media updating	Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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 <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) <b>C.</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	315.74
<b>TOTAL</b> This Period (last page this line number only).....	27924.22

**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 40	
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dr. JOHN JAMES DR J LA FERLA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 22 / 2012</b>
Mailing Address <b>209 BIRCH RUN ROAD</b>		Amount of Each Disbursement this Period <b>5000.00</b> <b>Transaction ID : SB19A.5465</b>
City <b>CHESTERTOWN</b> State <b>MD</b> Zip Code <b>21620</b>	Purpose of Disbursement repay loan to candidate	
Candidate Name <b>LA FERLA FOR CONGRESS</b>		Category/Type
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 <input type="checkbox"/> Other (specify)	
State: <b>MD</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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:		

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



**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 40			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bernard Cantor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 2865 Kinsington Circle		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.5483</b>
City Weston State FL Zip Code 33332	Purpose of Disbursement refund	
Candidate Name <b>LA FERLA FOR CONGRESS</b>		Category/Type
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 <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>B.</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	
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 M M / D D / Y Y Y Y
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).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00

# 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/10.4175

LA FERLA FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

Dr. JOHN JAMES DR J LA FERLA

Primary

General

Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

### TERMS

Date Incurred

M 12 / D 30 / Y 2011

Date Due

M M / D D / Y 11/11/12

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)..... ▶

2500.00

**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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4175

(Current loan amount of 2500.00 from a balance of 2500.00 has been forgiven)(A previous settlement amount of 2500.00 has been rescinded)

Form/Schedule:

Transaction ID:

**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/10.4628

LA FERLA FOR CONGRESS

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

Dr. JOHN JAMES DR J LA FERLA

[PERSONAL FUNDS]

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

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 M / D D / Y Y Y Y  
02 / 13 / 2012

Date Due

M M / D D / Y Y Y Y  
/ / 1/1/20

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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4628

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)(A previous settlement amount of 10000.00 has been rescinded)

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.4977**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Dr. JOHN JAMES DR J LA FERLA</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 209 BIRCH RUN ROAD	

City	State	ZIP Code
CHESTERTOWN	MD	21620

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3518.63	0.00	3518.63

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 12 / Y 2012	M / D / Y 1/1/20	0.00 % (apr)	<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).....	▶	3518.63
<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.**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4977

(Current loan amount of 3518.63 from a balance of 3518.63 has been forgiven)(A previous settlement amount of 3518.63 has been rescinded)

Form/Schedule:

Transaction ID:

**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/10.5123

LA FERLA FOR CONGRESS

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

Dr. JOHN JAMES DR J LA FERLA

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

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 03 / D 29 / Y 2012

Date Due

M / D / Y 1/1/20

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.



: 97 `A =G7 9 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A =N5 HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5123

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)(A previous settlement amount of 10000.00 has been rescinded)

Form/Schedule:

Transaction ID:

**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/10.5125

LA FERLA FOR CONGRESS

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

Dr. JOHN JAMES DR J LA FERLA

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

5000.00

Cumulative Payment To Date

5000.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M 03 / D 30 / Y 2012 Y

Date Due

M / D / Y 1/1/20 Y

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)..... ▶

0.00

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

26018.63

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5125

(A previous settlement amount of 5000.00 has been rescinded)

Form/Schedule:

Transaction ID:

**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)

**LA FERLA FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**1+1 Internet Inc.**

Mailing Address 701 Lee Road  
Suite 300

City State Zip Code  
Chesterbrooke PA 19087

Nature of Debt (Purpose):  
website fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.5285**  
14.97

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 14.97 0.00

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

Mailing Address 1613 North Salisbury Blvd

City State Zip Code  
Salisbury MD 21801

Nature of Debt (Purpose):  
Utilities

Outstanding Balance Beginning This Period **Transaction ID : SD10.5287**  
81.01

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 81.01 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Main Street Business Solutions Inc.**

Mailing Address 102 Chester Village

City State Zip Code  
Chester MD 21619

Nature of Debt (Purpose):  
Campaign compliance services

Outstanding Balance Beginning This Period **Transaction ID : SD10.5289**  
2400.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 2400.00 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
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) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**LA FERLA FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Main Street Business Solutions Inc.</b>	Nature of Debt (Purpose): Compliance and reporting services
Mailing Address 102 Chester Village	
City State Zip Code Chester MD 21619	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5490</b>	
Amount Incurred This Period 322.50	Payment This Period 322.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Main Street Business Solutions Inc.</b>	Nature of Debt (Purpose): Compliance and reporting services
Mailing Address 102 Chester Village	
City State Zip Code Chester MD 21619	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5491</b>	
Amount Incurred This Period 806.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 806.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Paradee Gas Co.</b>	Nature of Debt (Purpose): utilities
Mailing Address 28541 John J. Williams Hwy	
City State Zip Code Millsboro DE 19966	

Outstanding Balance Beginning This Period 129.55	<b>Transaction ID : SD10.5290</b>	
Amount Incurred This Period 0.00	Payment This Period 129.55	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	806.25
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) ▶	

**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)

**LA FERLA FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Tru Blu Politics**

Mailing Address 5570 Sterrett Place  
Suite 300

City State Zip Code  
Columbia MD 21044

Nature of Debt (Purpose):  
General campaign consulting fee

Outstanding Balance Beginning This Period **Transaction ID : SD10.5012**  
5000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 5000.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Tru Blu Politics**

Mailing Address 5570 Sterrett Place  
Suite 300

City State Zip Code  
Columbia MD 21044

Nature of Debt (Purpose):  
website development

Outstanding Balance Beginning This Period **Transaction ID : SD10.5013**  
3500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 2000.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Tru Blu Politics**

Mailing Address 5570 Sterrett Place  
Suite 300

City State Zip Code  
Columbia MD 21044

Nature of Debt (Purpose):  
printed materials, mail piece and postage

Outstanding Balance Beginning This Period **Transaction ID : SD10.5011**  
5663.20

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 5663.20 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
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) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.5013

(Current loan amount of 1500.00 from a balance of 1500.00 has been forgiven)

Form/Schedule:

Transaction ID:

**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)

**LA FERLA FOR CONGRESS**

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

Mailing Address PO Box 920041

City State Zip Code  
Dallas TX 75392

Nature of Debt (Purpose):  
telephone

Outstanding Balance Beginning This Period **Transaction ID : SD10.5291**  
209.73

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 209.73 0.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	806.25
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	26018.63
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	26824.88