

# 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

Check if different than previously reported. (ACC) PO BOX 832

CHESTERTOWN MD 21620

2. **FEC IDENTIFICATION NUMBER** ▼ C C00507335

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

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 MM / DD / YYYY in the State of MD

11 / 06 / 2012

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

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

Election on MM / DD / YYYY in the State of   

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

10 / 01 / 2012 through 10 / 17 / 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 Nancy E Harrison

Signature of Treasurer Nancy E Harrison *[Electronically Filed]* Date MM / DD / YYYY

10 / 25 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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**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))....	20370.00	145970.25
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4933.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20370.00	141037.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15544.54	156024.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	318.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15544.54	155706.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14349.58	
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).....	29018.63	

**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).....	8925.00	80200.00
(ii) Unitemized.....	3845.00	33224.18
(iii) TOTAL of contributions from individuals ▶	12770.00	113424.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7600.00	14100.00
(d) The Candidate.....	0.00	18446.07
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20370.00	145970.25
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	3000.00	35664.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3000.00	35664.70
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	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>	23370.00	181953.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15544.54	156024.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	6646.07
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	6646.07
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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)).....	0.00	4933.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	15544.54	167603.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6524.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23370.00
25. SUBTOTAL (add Line 23 and Line 24).....	29894.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15544.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14349.58

**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 31
	<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)  
**LA FERLA FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Fouad Abbas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 7018 Rock Stream Court		<b>Transaction ID : SA11AI.5730</b>	
City State Zip Code Baltimore MD 21209	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 1700.00		
Name of Employer Self Occupation Physician	Election Cycle-to-Date _____ 1700.00		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Margaret Allen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2012	
Mailing Address 311 Broxton Rd		<b>Transaction ID : SA11AI.5702</b>	
City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 1000.00		
Name of Employer AGM Financial Services Occupation Mortgage Banker	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Joan Bailey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012	
Mailing Address 28420 Catalpa Point Rd		<b>Transaction ID : SA11AI.5723</b>	
City State Zip Code Easton MD 21601	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period _____ 500.00		
Name of Employer None Occupation Homemaker	Election Cycle-to-Date _____ 500.00		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1800.00
<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 6 OF 31
	<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)  
**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  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : SA11AI.5657**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Berman**

Mailing Address 21174 Hamlin Dr

City State Zip Code  
Boca Raton FL 33433

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  
 10 / 06 / 2012

**Transaction ID : SA11AI.5704**

Amount of Each Receipt this Period  
**500.00**

**C.** 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  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : SA11AI.5635**

Amount of Each Receipt this Period  
**100.00**

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

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

**650.00**

**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 31
	<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)  
**Herbert Bolles**

Mailing Address 45 De Arruda Terrace

City Portsmouth State RI Zip Code 02871

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

Name of Employer Retired Occupation Priest

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012

**Transaction ID : SA11AI.5763**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Louis Codispoti**

Mailing Address 4772 Sailors Retreat Rd

City Oxford State MD Zip Code 21654

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

Name of Employer Univ of Maryland Occupation Oceanographer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2012

**Transaction ID : SA11AI.5741**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joan Coley**

Mailing Address 50 Ridge Rd

City Westminster State MD Zip Code 21157

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2012

**Transaction ID : SA11AI.5754**

Amount of Each Receipt this Period  
 100.00

**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 31
	<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)  
**Colin Dickson**

Mailing Address 215 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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : SA11AI.5692**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**Stuart Elsberg**

Mailing Address 303 N. Queen Street

City Chestertown State MD Zip Code 21620

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

Name of Employer Elsberg & Associates Occupation Sales and Marketing

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  
 10 / 16 / 2012

**Transaction ID : SA11AI.5728**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Sarah Faulkner**

Mailing Address 108 Sumach St

City Lookout Mountain State TN Zip Code 37350

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

Name of Employer None Occupation homemaker

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  
 10 / 03 / 2012

**Transaction ID : SA11AI.5710**

Amount of Each Receipt this Period  
250.00

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

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

525.00



**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 9 OF 31
	<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)  
**Mrs. Caroline D Gabel**

Mailing Address 113 Hoffman Lane

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  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2012

**Transaction ID : SA11A1.5701**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms Janice L Graham**

Mailing Address 145 Main Street  
PO Box 237

City State Zip Code  
Galena MD 21635

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

Name of Employer Occupation  
Carousel B&B self employed

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  
10 / 16 / 2012

**Transaction ID : SA11A1.5652**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 14006 Huyett Lane

City State Zip Code  
Galena MD 21635

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  
1025.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : SA11A1.5638**

Amount of Each Receipt this Period  
250.00

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

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

850.00

**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 10 OF 31
	<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)  
**Mr. Arthur S Hock**

Mailing Address 100 N. Cross Street

City Chestertown State MD Zip Code 21620

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

Name of Employer Self Employed Occupation Property Manager

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  
 10 / 16 / 2012

**Transaction ID : SA11AI.5693**

Amount of Each Receipt this Period  
**200.00**

**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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : SA11AI.5685**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Nina Houghton**

Mailing Address PO Box 6

City Queenstown State MD Zip Code 21658

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2012

**Transaction ID : SA11AI.5712**

Amount of Each Receipt this Period  
**500.00**

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

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

**800.00**

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

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

FOR LINE NUMBER: PAGE 11 OF 31  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Lesley Israel**

Mailing Address PO Box 69

City State Zip Code  
Royal Oak MD 21662

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

Name of Employer Occupation  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 04 2012

**Transaction ID : SA11AI.5709**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Joanne Orlinsky**

Mailing Address 3704 N. Charles Street  
No. 206

City State Zip Code  
Baltimore MD 21218

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  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 04 2012

**Transaction ID : SA11AI.5623**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Joan Roache**

Mailing Address 402 14th Street

City State Zip Code  
Ocean City MD 21842

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

Name of Employer Occupation  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 14 2012

**Transaction ID : SA11AI.5734**

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 12 OF 31
	<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)  
**HJ Rogers**

Mailing Address 715 Maiden Choice  
HV309

City Catonsville State MD Zip Code 21228

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

Name of Employer None Occupation Not employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2012

**Transaction ID : SA11AI.5750**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**James E Ross**

Mailing Address PO Box 488

City New Freedom State PA Zip Code 17349

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

Name of Employer Chester River Health Systems Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2012

**Transaction ID : SA11AI.5634**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Neil Ruther**

Mailing Address 29 W. Susquehanna Ave  
Suite 610

City Towson State MD Zip Code 21204

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2012

**Transaction ID : SA11AI.5762**

Amount of Each Receipt this Period  
 1000.00

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

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

1450.00

**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 31
	<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)  
**Steven Sharfstein**

Mailing Address 6 E. Bishops Rd

City Baltimore State MD Zip Code 21218

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

Name of Employer Shgeppard Pratt Health Systems Occupation 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  
 10 / 15 / 2012

**Transaction ID : SA11AI.5648**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Lois R Sherry**

Mailing Address 9767 Richards Road

City Chestertown State MD Zip Code 21620

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

Name of Employer None Occupation Not employed

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  
 10 / 09 / 2012

**Transaction ID : SA11AI.5631**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Judith Wagner**

Mailing Address 63 French Rd

City Gilmantown State NH Zip Code 03237

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  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2012

**Transaction ID : SA11AI.5755**

Amount of Each Receipt this Period  
100.00

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

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

650.00

**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 31
	<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 Warren**

Mailing Address 5317 Sixty Foot Rd

City Parsonburg State MD Zip Code 21849

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

Name of Employer none Occupation not employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : SA11AI.5628**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Christine Wasserstein**

Mailing Address 920 Park Avenue #20

City New York State NY Zip Code 10028

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

Name of Employer Self Occupation Psychotherapist

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  
 10 / 03 / 2012

**Transaction ID : SA11AI.5714**

Amount of Each Receipt this Period  
**500.00**

**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).....

**1000.00**

**8925.00**

**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 15 OF 31
	<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)  
**Democratic Womens Club**

Mailing Address **PO BOX 1242**

City **Berlin** State **MD** Zip Code **21811**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2012**

**Transaction ID : SA11C.5682**

Amount of Each Receipt this Period  
**600.00**

**B.** Full Name (Last, First, Middle Initial)  
**DUTCH PAC**

Mailing Address **499 S. Capitol St. SW**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00448001**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2012**

**Transaction ID : SA11C.5798**

Amount of Each Receipt this Period  
**1000.00**

**C.** 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 **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2012**

**Transaction ID : SA11C.5699**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2600.00**

**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 16 OF 31
	<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)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Mailing Address 409 12TH STREET, SW

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : SA11C.5785**

Amount of Each Receipt this Period  
 5000.00

**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).....

5000.00

7600.00



**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 17 OF 31
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Dr. JOHN JAMES DR J LA FERLA**

Mailing Address 209 BIRCH RUN ROAD

City CHESTERTOWN State MD Zip Code 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  
**54110.77**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 05 / 2012**

**Transaction ID : SA13A.5767**

Amount of Each Receipt this Period  
**3000.00**

**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).....

**3000.00**

**3000.00**

**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 18 OF 31	
	<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)		Date of Disbursement
<b>A. Act Blue</b>		M M / D D / Y Y Y Y 10 / 07 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement payment processing fees	Category/Type 003	159.00
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Disbursement For: 2012	<b>Transaction ID : SB17.5782</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Act Blue</b>		M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement payment processing fees	Category/Type 003	119.16
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Disbursement For: 2012	<b>Transaction ID : SB17.5783</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Act Blue</b>		M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement payment processing fees	Category/Type 003	46.42
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Disbursement For: 2012	<b>Transaction ID : SB17.5784</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	324.58
<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 31	
	<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. Molly Carroll</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2012
Mailing Address 133 N. Queen Street		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5771</b>
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement administrative assistant	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>B. Corner Print Shop</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2012
Mailing Address PO Box 981		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.5773</b>
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement printed materials	Category/ Type 006
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>c. Jan Crawford</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2012
Mailing Address 23031 St. Louis Rd		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.5778</b>
City Middleburg	State VA	
Zip Code 20117	Purpose of Disbursement Media Consulting	Category/ Type 004
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2990.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 31	
	<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. Erik Gulbrandsen</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 23077 Old Fairlee Rd.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.5779</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>B. Dr. JOHN JAMES DR J LA FERLA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 194.85 <b>Transaction ID : SB17.5777</b>
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement Reimburse postage and travel expenses, no itemization required	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>c. John Leekley</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 201 Maple Ave		Amount of Each Disbursement this Period 187.50 <b>Transaction ID : SB17.5768</b>
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement E-media consulting	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2382.35
<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 21 OF 31	
	<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. John Leekley</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 201 Maple Ave		Amount of Each Disbursement this Period 287.50 <b>Transaction ID : SB17.5780</b>
City Chestertown	State MD	
Purpose of Disbursement E-media consulting	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 type="checkbox"/> Primary <input checked="" 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 10 / 16 / 2012
Mailing Address 102 Chester Village		Amount of Each Disbursement this Period 741.25 <b>Transaction ID : SB17.5781</b>
City Chester	State MD	
Purpose of Disbursement Compliance consulting	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 type="checkbox"/> Primary <input checked="" 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 10 / 05 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 5121.00 <b>Transaction ID : SB17.5775</b>
City Columbia	State MD	
Purpose of Disbursement printed campaign materials	Category/Type 006	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6149.75
<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 31	
	<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 10 / 06 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 3642.86
City Columbia	State MD Zip Code 21044	
Purpose of Disbursement printed campaign materials	Category/Type 006	<b>Transaction ID : SB17.5776</b>
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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 MM / DD / YYYY
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).....	3642.86
<b>TOTAL</b> This Period (last page this line number only).....	15489.54

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

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.4175**

**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 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 / 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 `F9DCFHZG7 <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**

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.4628**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012  
**Dr. JOHN JAMES DR J LA FERLA**  Primary  
 Mailing Address 209 BIRCH RUN ROAD  General  
 Other (specify) ▼

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
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**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y 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)..... ▶ 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 `F9DCFHŽG7 <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**

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.5123**

<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
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 29 / 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).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.5123

(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**

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.5767**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Dr. JOHN JAMES DR J LA FERLA</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" 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
3000.00	0.00	3000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 05 / Y 2012	M M / D D / Y 12/31/14	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).....	3000.00
<b>TOTALS</b> This Period (last page in this line only).....	29018.63

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