

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
03 / 15 / 2012

through

M M / D D / Y Y Y Y
03 / 31 / 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

M M / D D / Y Y Y Y
04 / 15 / 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

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))....	21605.00	92300.31
(b) Total Contribution Refunds (from Line 20(d))	6433.00	7433.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15172.00	84867.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34097.41	108708.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	124.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34097.41	108584.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7301.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	84880.29	

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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15525.00	58825.00
(ii) Unitemized.....	5080.00	25059.18
(iii) TOTAL of contributions from individuals ▶	20605.00	83884.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) The Candidate.....	1000.00	3416.13
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21605.00	92300.31
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	15000.00	32664.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	15000.00	32664.70
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	124.03
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	36605.00	125089.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34097.41	108708.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1646.07
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1646.07
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	6433.00	7433.00
(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)).....	6433.00	7433.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	40530.41	117787.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11227.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36605.00
25. SUBTOTAL (add Line 23 and Line 24).....	47832.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40530.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7301.63

**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 36
	<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) A. Ronald Abramson		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012
Mailing Address 1700 K Street NW #300		Transaction ID : SA11AI.5244
City Washington	State DC	
Zip Code 20006		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Buchanan Ingersoll & Rooney	Occupation Attorney	
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. Dr. Norman Atkin		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2012
Mailing Address 13614 Verde Drive		Transaction ID : SA11AI.5198
City Palm Beach Gardens	State FL	
Zip Code 33410		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Surgeon	
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) C. Randall Bellows		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2012
Mailing Address 6778 Burriss Rd		Transaction ID : SA11AI.5052
City Rock Hall	State MD	
Zip Code 21661		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
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 400.00	

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL 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 36
	<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)
Robert Bowie

Mailing Address 2328 Shepperd Rd

City Monkton State MD Zip Code 21111

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

Name of Employer **Bowie & Jensen** 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
 03 / 20 / 2012

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period
 500.00

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

Mailing Address 12505 Grey Fox Lane

City Potomac State MD Zip Code 20854

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
 03 / 17 / 2012

Transaction ID : SA11AI.5105

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Muriel J Cole

Mailing Address 207 E. Campus Ave

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : SA11AI.5051

Amount of Each Receipt this Period
 500.00

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

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

1250.00

**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 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frederic Conte

Mailing Address 918 Colby Dr

City State Zip Code
Davis CA 95616

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

Name of Employer Occupation
RAS Inc. Nuclear medicine

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA11AI.5177

Amount of Each Receipt this Period
 250.00

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

Mailing Address 140 Magnolia Ave

City State Zip Code
Glendale OH 45246

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 6402 Cloister Gate Dr

City State Zip Code
Baltimore MD 21212

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

Name of Employer Occupation
Johns Hopkins University Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012

Transaction ID : SA11AI.5113

Amount of Each Receipt this Period
 500.00

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

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

1750.00

**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 36
	<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)
David E Duane

Mailing Address 85 Park Rd

City Chelmsford State MA Zip Code 01824

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

Name of Employer Macot Realty Trust Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2012

Transaction ID : SA11AI.5197

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 350.00

B. Full Name (Last, First, Middle Initial)
Mrs. Caroline D Gabel

Mailing Address 113 Hoffman Lane

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 13816 Alderton Rd

City Silver Spring State MD Zip Code 20906

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

Name of Employer Self/ CSC 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
 03 / 21 / 2012

Transaction ID : SA11AI.5172

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

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: PAGE 9 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elizabeth Gross

Mailing Address 409 Heron Point

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Self Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012

Transaction ID : SA11A1.5111

Amount of Each Receipt this Period
 250.00

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

Mailing Address 449 Heron Point

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Retired Economist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11A1.5127

Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11A1.5238

Amount of Each Receipt this Period
 25.00

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 10 OF 36
	<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)
Charles Jolly

Mailing Address 13842 Gregg Neck

City Galena State MD Zip Code 21635

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

Name of Employer Baker, Donelso, Bearman, Caldw 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
 03 / 22 / 2012

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6 Middle Street

City Dartmouth State MA Zip Code 02748

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

Name of Employer none Occupation Self 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
 03 / 28 / 2012

Transaction ID : SA11AI.5242

Amount of Each Receipt this Period
 800.00

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

Mailing Address 1060 Fifth Ave. 7B

City New York State NY Zip Code 10128

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
 03 / 29 / 2012

Transaction ID : SA11AI.5156

Amount of Each Receipt this Period
 250.00

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

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

1300.00

**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 36
	<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) A. Susan La Ferla		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2012
Mailing Address 209 Birch Run Rd		Transaction ID : SA11AI.5076
City State Zip Code Chestertown MD 21620	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Corsica Womens Health Office manager	Amount of Each Receipt this Period 250.00
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. Dr. Ann E Larimore		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 916 Olivia Ave		Transaction ID : SA11AI.5117
City State Zip Code Ann Arbor MI 48104	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation University of Michigan Retired Professor	Amount of Each Receipt this Period 1000.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. William Lindsay		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012
Mailing Address 201 Richard Drive		Transaction ID : SA11AI.5239
City State Zip Code Chestertown MD 21620	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation none none	Amount of Each Receipt this Period 50.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	1300.00

**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 36
	<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)
Robert Lupi

Mailing Address 5 West 86th Street

City New York State NY Zip Code 10024

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.5253

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5950 Berkshire Lane #550

City Dallas State TX Zip Code 75225

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.5158

Amount of Each Receipt this Period
 500.00

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

Mailing Address 171 Cat Rock Rd

City Cos Cob State CT Zip Code 06807

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

Name of Employer Self Occupation Artist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.5314

Amount of Each Receipt this Period
 300.00

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

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

1050.00

**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 36
	<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)
Frances Miller

Mailing Address 221 Birch Run Rd

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period
1500.00

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

Mailing Address 66 Highland Ave

City State Zip Code
Glen Ridge NJ 07028

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

Name of Employer Occupation
Self 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
 03 / 16 / 2012

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period
250.00

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

Mailing Address 6154 Sundance Tr.

City State Zip Code
Brighton MI 48116

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

Name of Employer Occupation
Retired Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11AI.5164

Amount of Each Receipt this Period
250.00

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

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

2000.00

**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 36
	<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)
Randolph Richardson

Mailing Address 611 East Hill Rd

City Southbury State CT Zip Code 06488

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
 03 / 31 / 2012

Transaction ID : SA11AI.5300

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3855 Margits Lane

City Trappe State MD Zip Code 21673

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
 03 / 19 / 2012

Transaction ID : SA11AI.5062

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
H Jane Rogers

Mailing Address 210 North Queen St

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.5232

Amount of Each Receipt this Period
 100.00

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

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

1350.00

**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 36
	<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)
David Sack

Mailing Address 2117 Belvale Rd.

City Fallston State MD Zip Code 21047

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

Name of Employer Johns Hopkins University Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.5312

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Robert Saner II

Mailing Address PO Box 338

City Chestertown State MD Zip Code 21620

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

Name of Employer Powers & Pyles 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
 03 / 20 / 2012

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period
 250.00

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

Mailing Address 126 North Queen St

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.5224

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 16 OF 36
	<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)
Jacqueline Smelkinson

Mailing Address 4603 Kernewood

City Baltimore State MD Zip Code 21212

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.5058

Amount of Each Receipt this Period
 300.00

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

Mailing Address 5 Bacon Street

City Wellesley State MA Zip Code 02482

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

Name of Employer Irving House Corporation Occupation Hotelier

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.5099

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4712 Falcon St

City Rockville State MD Zip Code 20853

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 17 OF 36
	<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. William Trainor

Mailing Address 20731 Jamieson

City State Zip Code
Rock Hall MD 21661

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

Name of Employer Occupation
Self Employed Physician

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
 03 / 21 / 2012

Transaction ID : SA11AI.5176

Amount of Each Receipt this Period
150.00

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

Mailing Address 461 2nd Street # C307

City State Zip Code
San Francisco CA 94107

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

Name of Employer Occupation
Self Writer

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
 03 / 27 / 2012

Transaction ID : SA11AI.5144

Amount of Each Receipt this Period
250.00

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

Mailing Address 24046 Macs Lane

City State Zip Code
Worton MD 21678

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.5185

Amount of Each Receipt this Period
250.00

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 18 OF 36
	<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)
William Wantling

Mailing Address 6109 Quinn Orchard Rd

City State Zip Code
Frederick MD 21704

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

Name of Employer Occupation
Montgomery county Firefighter/paramedic

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
 03 / 24 / 2012

Transaction ID : SA11AI.5202

Amount of Each Receipt this Period
300.00

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

Mailing Address 5317 Sixty Foot Rd

City State Zip Code
Parsonburg MD 21849

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.5304

Amount of Each Receipt this Period
250.00

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).....

550.00

15525.00

**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 19 OF 36
	<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 CHESTERTOWN State MD Zip Code 21620

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

Name of Employer Corsica Womens Health Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
21080.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : SA11D.4992

Amount of Each Receipt this Period
1000.00

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).....

1000.00

1000.00

**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 20 OF 36
	<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 Corsica Womens Health Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
31080.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : SA13A.5123

Amount of Each Receipt this Period
10000.00
 loan

B. 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 Corsica Womens Health Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
36080.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA13A.5125

Amount of Each Receipt this Period
5000.00

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).....

15000.00

15000.00

**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 21 OF 36	
	<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) A. Act Blue		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period 86.53 Transaction ID : SB17.5292
City Cambridge State MA Zip Code 02138	Purpose of Disbursement payment processing fees 003 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	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. Act Blue		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period 119.00 Transaction ID : SB17.5294
City Cambridge State MA Zip Code 02138	Purpose of Disbursement payment processing fees 003 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	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) c. Act Blue		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period 79.83 Transaction ID : SB17.5296
City Cambridge State MA Zip Code 02138	Purpose of Disbursement payment processing fees 003 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	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		

SUBTOTAL of Disbursements This Page (optional).....	285.36
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 22 OF 36	
	<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	
A. Act Blue		M M / D D / Y Y Y Y 03 / 31 / 2012	
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period	
City Cambridge State MA Zip Code 02138		279,999.99 125.23	
Purpose of Disbursement payment processing fees		Transaction ID : SB17.5318	
Candidate Name LA FERLA FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MD District: 01		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Postmaster		M M / D D / Y Y Y Y 03 / 27 / 2012	
Mailing Address 104 Spring Ave.		Amount of Each Disbursement this Period	
City Chestertown State MD Zip Code 21620		279,999.99 95.30	
Purpose of Disbursement postage		Transaction ID : SB17.5270	
Candidate Name LA FERLA FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MD District: 01		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Postmaster		M M / D D / Y Y Y Y 03 / 28 / 2012	
Mailing Address 104 Spring Ave.		Amount of Each Disbursement this Period	
City Chestertown State MD Zip Code 21620		279,999.99 57.95	
Purpose of Disbursement postage		Transaction ID : SB17.5275	
Candidate Name LA FERLA FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MD District: 01		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	278.48
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 23 OF 36			
	<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) A. Tru Blu Politics		Date of Disbursement MM / DD / YYYY 03 / 16 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 1931.00 Transaction ID : SB17.5115
City Columbia State MD Zip Code 21044	Purpose of Disbursement printed materials - signage 004 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	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. Tru Blu Politics		Date of Disbursement MM / DD / YYYY 03 / 17 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 8500.00 Transaction ID : SB17.5281
City Columbia State MD Zip Code 21044	Purpose of Disbursement printed materials, mail piece and postage 003 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	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) c. Tru Blu Politics		Date of Disbursement MM / DD / YYYY 03 / 21 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.5264
City Columbia State MD Zip Code 21044	Purpose of Disbursement printed materials, mail piece and postage 003 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	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		

SUBTOTAL of Disbursements This Page (optional).....	16431.00
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 24 OF 36	
	<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) A. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 3600.00 Transaction ID : SB17.5272
City Columbia	State MD Zip Code 21044	
Purpose of Disbursement printed materials, mail piece and postage		Category/ Type 003
Candidate Name LA FERLA FOR CONGRESS		
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. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 13100.00 Transaction ID : SB17.5278
City Columbia	State MD Zip Code 21044	
Purpose of Disbursement printed materials, mail piece and postage		Category/ Type 003
Candidate Name LA FERLA FOR CONGRESS		
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16700.00
TOTAL This Period (last page this line number only).....	33694.84

**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 36	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Peter Beilenson		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 407 Hollen Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.5221
City Baltimore	State MD	
Zip Code 21209	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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. Carolyn Boitnott		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 2105 E. Baltimore St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.5222
City Baltimore	State MD	
Zip Code 21231	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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) c. Cliff Craig		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 5 Bell Waver Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.5259
City Oakland	State CA	
Zip Code 94619	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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	

SUBTOTAL of Disbursements This Page (optional).....	3250.00
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 26 OF 36	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ruth Craig		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 5 Bell Waver Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.5260
City Oakland	State CA	
Zip Code 94619	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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. Ruth Craig		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 5 Bell Waver Way		Amount of Each Disbursement this Period 200.00 Transaction ID : SB20A.5262
City Oakland	State CA	
Zip Code 94619	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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) c. Dr. Charles Goodman		Date of Disbursement MM / DD / YYYY 03 / 29 / 2012
Mailing Address 1725 Grand View Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.5217
City Berkeley	State CA	
Zip Code 94705	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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	

SUBTOTAL of Disbursements This Page (optional).....	1200.00
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 27 OF 36	
	<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) A. Amy Heinrich		Date of Disbursement MM / DD / YYYY 03 / 29 / 2012
Mailing Address 3589 Folly Quarter Rd		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.5208
City Ellicott City	State MD	
Zip Code 21042	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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. Dr. Stacey Keen		Date of Disbursement MM / DD / YYYY 03 / 29 / 2012
Mailing Address 9708 Oak Hill Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.5209
City Ellicott City	State MD	
Zip Code 21042	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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) c. Jon Henry Kouba		Date of Disbursement MM / DD / YYYY 03 / 29 / 2012
Mailing Address 1215 Filbert St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.5218
City San Francisco	State CA	
Zip Code 94109	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	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	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 28 OF 36	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robin Prothro		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 200 E. Joppa Rd		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.5210
City Towson	State MD	
Purpose of Disbursement refund	Category/ Type 010	
Candidate Name LA FERLA FOR CONGRESS	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	5700.00

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) **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
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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.

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) **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
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TERMS

Date Incurred M 02 / D 13 / Y 2012	Date Due M / D / Y 1/1/20	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. JOHN JAMES DR J LA FERLA	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: []

SUBTOTALS This Period This Page (optional).....	▶	3518.63
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. JOHN JAMES DR J LA FERLA	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: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.5125**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. JOHN JAMES DR J LA FERLA	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
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 30 / Y 2012	M M / D 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:

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	31018.63

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

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**
0.00

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

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**
0.00

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

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**
0.00

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

1) SUBTOTALS This Period This Page (optional)	2495.98
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	31018.63
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	31018.63

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
Paradee Gas Co.

Mailing Address 28541 John J. Williams Hwy

City Millsboro State DE Zip Code 19966

Nature of Debt (Purpose):
utilities

Outstanding Balance Beginning This Period **Transaction ID : SD10.5290**

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

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

Mailing Address 5570 Sterrett Place Suite 300

City Columbia State MD Zip Code 21044

Nature of Debt (Purpose):
General campaign consulting fee

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

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
Tru Blu Politics

Mailing Address 5570 Sterrett Place Suite 300

City Columbia State MD Zip Code 21044

Nature of Debt (Purpose):
website development

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

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="8629.55"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="31018.63"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="31018.63"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 36
	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 Tru Blu Politics	Nature of Debt (Purpose): printed materials, mail piece and postage
Mailing Address 5570 Sterrett Place Suite 300	
City State Zip Code Columbia MD 21044	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5011	
Amount Incurred This Period 36863.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 36863.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tru Blu Politics	Nature of Debt (Purpose): printed materials, mail piece and postage
Mailing Address 5570 Sterrett Place Suite 300	
City State Zip Code Columbia MD 21044	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5283	
Amount Incurred This Period 5663.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 5663.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): telephone
Mailing Address PO Box 920041	
City State Zip Code Dallas TX 75392	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5291	
Amount Incurred This Period 209.73	Payment This Period 0.00	Outstanding Balance at Close of This Period 209.73

1) SUBTOTALS This Period This Page (optional)	42736.13
2) TOTALS This Period (last page this line number only)	53861.66
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	31018.63
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	84880.29