Image# 13941452301 PAGE 1 / 22

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		ized Comr	nittee	<u> </u>		Office	Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT ▼		mple: If typing	g, type	12FE4M	5	
LAFERLA FOI	R CON	GRESS							
ADDRESS (number ar	nd street)	209 BIRCH R	UN ROAI	D 					
_		PO BOX 832							
Check if did than previous reported. (A	usly	CHESTERTO	OWN				MD	21620	
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C0050733	35			IS THIS REPORT	NEW (N)	OR	× AMENI	DED	MD 01
4. TYPE OF RE	DODT (2h ())	I						
4. TYPE OF RE(a) Quarterly R	·	Snoose Onej	(b) 1	2-Day PRE-	Election Repo	rt for the:			
		D (Q.1)			Primary (12P)		General (12G)	Runoff (12R)
April 15	Quarterly	/ Report (Q1)			Convention (12C)	Special (1	12S)	
July 15	Quarterly	Report (Q2)						-	
Octobe	r 15 Quar	terly Report (Q3)		Election on	M - M /	D D /	Y - Y - Y - Y		in the State of
January	/ 31 Year-	End Report (YE)	(c) 3	30-Day POS1	-Election Rep	ort for the:			
					General (30G)	Runoff (3	0R)	Special (30S)
Termina	tion Repo	ort (TER)			M M /	D D /	YYYY	7	in the
				Election on					State of
5. Covering Period	М	01 / D D D 01		013 Y	through	M M 03	/ D D /		Y Y Y Y 2013
I certify that I have e	examined	this Report and	to the be	est of my kno	owledge and k	belief it is tr	ue, correct an	d com	olete.
Type or Print Name	of Treasu	rer Nancy E Ha	rrison						
Signature of Treasure	er <u>N</u>	ancy E Harrison		ı	Electronically I	Filed] [Date 08	1 / 1	16 2013
NOTE: Submission of	false, erro	oneous, or incomp	lete infor	mation may s	ubject the per	son signing	this Report to t	the pen	alties of 2 U.S.C. §437g.
Office Use								FF	EC FORM 3
Only									Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 22

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

LAFERLA FOR CONGRESS

01 03 31 2013 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 4666.95 4996.95 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 4666.95 4996.95 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 4531.32 7866.77 (from Line 17) (b) Total Offsets to Operating 76.00 76.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4455.32 7790.77 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 3163.69 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 39018.63 Schedule C and/or Schedule D).....

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)

PAGE 3 / 22

Write or Type Committee Name

LAFERLA FOR CONGRESS

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11. C	ONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	3100.00	3100.00		
	(ii) Unitemized	1406.95	1736.95		
	(iii) TOTAL of contributions from individuals	4506.95	4836.95		
(k	,	0.00	0.00		
(c	S) Other Political Committees (such as PACs)	0.00	0.00		
(c) TOTAL CONTRIBUTIONS	160.00	160.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	4666.95	4996.95		
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00		
	OANS:				
(a) Made or Guaranteed by the Candidate	0.00	0.00		
(k	,	0.00	0.00		
(c	(add Lines 13(a) and (b))	0.00	0.00		
	FFSETS TO OPERATING				
	XPENDITURES Refunds, Rebates, etc.)	76.00	76.00		
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00		
- 1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	4742.95	5072.95		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

PAGE 4 / 22

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date			
17.	OPERATING EXPENDITURES	4531.32	7866.77			
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00			
19.	LOAN REPAYMENTS:					
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	5000.00			
	(b) Of All Other Loans	0.00	0.00			
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	5000.00			
20.	REFUNDS OF CONTRIBUTIONS TO:					
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
	(b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees (such as PACs)	0.00	0.00			
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00			
21.	OTHER DISBURSEMENTS	0.00	0.00			
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	4531.32	12866.77			
	III. CASH SU	JMMARY				
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	2952.06			
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	4742.95			
25.	SUBTOTAL (add Line 23 and Line 24)		7695.01			
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	4531.32			
27.	26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)					

Name of Employer

Receipt For: 2014

General

Primary

Retired

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 22 Use separate schedule(s) (check only one) 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

for each category of the ITEMIZED RECEIPTS 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) LAFERLA FOR CONGRESS Full Name (Last, First, Middle Initial) Avis Carr Date of Receipt Mailing Address 861 Washington Ave #212 2013 27 City State Zip Code Transaction ID: SA11AI.6010 MD 21620 Chestertown FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation none None Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Mrs. Muriel J Cole Date of Receipt Mailing Address 207 E. Campus Ave 03 28 2013 Citv State Zip Code Transaction ID: SA11AI.6011 Chestertown MD 21620 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Mrs. Margery Delano Date of Receipt Mailing Address 12024 Iguana Bay 2013 02 City State Zip Code Transaction ID: SA11AI.5998 FL **Boynton Beach** 33436 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee.

Occupation

Election Cycle-to-Date

Retired

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) 11a 11d 11b 11c 12

22

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 14 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) LAFERLA FOR CONGRESS Full Name (Last, First, Middle Initial) Linda Dutton Date of Receipt Mailing Address 24040 Cliff Drive Ext. 2013 29 City State Zip Code Transaction ID: SA11AI.6012 MD 21678 Worton FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation None None Receipt For: 2014 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Mrs. Caroline D Gabel Date of Receipt Mailing Address 113 Hoffman Lane 03 02 2013 Citv State Zip Code Transaction ID: SA11AI.5996 Chestertown MD 21620 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) David Sack Date of Receipt Mailing Address 2117 Belvale Rd. 2013 22 City Zip Code State Transaction ID: SA11AI.6005 MD Fallston 21047 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Johns Hopkins University Physician Receipt For: 2014 Election Cycle-to-Date Y Primary General Other (specify) 250.00 1000.00 SUBTOTAL of Receipts This Page (optional).....

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	FOR LINE NUMBER:				PAGE	:	/	OF	22
(che	ck only	or	ne)						
×	11a		11b		11c		11	d	_
	12		13a		13b		14	ļ	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

		e name and address of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS		
Α.	Full Name (Last, First, Middle Initial) Robert Smelkinson Mailing Address 3701 Old Court Rd. Ste 5A		Date of Receipt 03 28 2013
	City	State Zip Code	Transaction ID : SA11AI.5986
	Pikesville	MD 21208	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired	, , , , , , ,
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 300.00	
В.	Full Name (Last, First, Middle Initial) John Vail		Date of Receipt
	Mailing Address 24046 Macs Lane		03 21 2013
	City Worton	State Zip Code MD 21678	Transaction ID : SA11AI.6004
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	250.00
	None	Retired	
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 250.00	
_	Full Name (Last, First, Middle Initial)		Date of Receipt
C.	Mailing Address		M M / D D / Y Y Y Y
	City	State Zip Code	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
[SUBTOTAL of Receipts This Page (optional)		550.00
Г	OTAL This Period (last page this line number		3100.00

SCHEDUL ITEMIZED

lm	age# 13941452308			
	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 22 (check only one) 11a 11b 11c X 11d 112 13a 13b 14 15
	ny information copied from such Reports and S r for commercial purposes, other than using the			person for the purpose of soliciting contributions to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Dr. JOHN JAMES LAFERLA Mailing Address 209 BIRCH RUN ROAD			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State MD	Zip Code 21620	Transaction ID : SA11D.6016
	CHESTERTOWN FEC ID number of contributing federal political committee.		/ID01154	Amount of Each Receipt this Period
	Name of Employer Corsica Womens Health	Occupation Physician		100.00
	Receipt For: 2014 Primary General Other (specify)	Election Cy	rcle-to-Date	
В.	Full Name (Last, First, Middle Initial) Dr. JOHN JAMES LAFERLA			Date of Receipt
	Mailing Address 209 BIRCH RUN ROAD			02 20 2013
	City CHESTERTOWN	State MD	Zip Code 21620	Transaction ID : SA11D.6000
	FEC ID number of contributing federal political committee.	С нам	1D01154	Amount of Each Receipt this Period
	Name of Employer	Occupation		35.00
	Corsica Womens Health	Physician		
	Receipt For: 2014 Primary General Other (specify)	Election Cy	rcle-to-Date	
C	Full Name (Last, First, Middle Initial) Dr. JOHN JAMES LAFERLA			Date of Receipt
٠.	Mailing Address 209 BIRCH RUN ROAD			M M / D D / Y Y Y Y

Full Name (L Dr. JOH Mailing Addr City State Zip Code Transaction ID: SA11D.6014 MD **CHESTERTOWN** 21620 FEC ID number of contributing C H2MD01154 Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Corsica Womens Health Physician Receipt For: 2014 Election Cycle-to-Date **X** Primary General 160.00 Other (specify) 160.00

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

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

age# 100 11 102000			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate scl for each category Detailed Summan	nedule(s) (of the	FOR LINE NUMBER: PAGE 9 OF 22 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS			
Full Name (Last, First, Middle Initial) A. Dr. JOHN JAMES LAFERLA Mailing Address 209 BIRCH RUN ROAD			Date of Disbursement O1 04 2013
City State CHESTERTOWN MD Purpose of Disbursement Reimburse for vendor payment: see memo entry	Zip Code 21620	003	Amount of Each Disbursement this Period 400.00 Transaction ID: SB17.6073
State: MD District: 01		Category/ Type	
Full Name (Last, First, Middle Initial) Mr. Lawrence LaFerla Mailing Address 83 Montgomery Street			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Boston MA Purpose of Disbursement website maintenance Candidate Name	Zip Code 02116	003	Amount of Each Disbursement this Period 400.00 Transaction ID: SB17.6073.0
LAFERLA FOR CONGRESS Office Sought:		Category/ Type	[MEMO ITEM]
Full Name (Last, First, Middle Initial) John Leekley Mailing Address 201 Maple Ave			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Chestertown MD Purpose of Disbursement social media consultant Candidate Name	Zip Code 21620	003 Category/	Amount of Each Disbursement this Period 362.50 Transaction ID: SB17.6060
Condition of the State: MD District: 01		Type	

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

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

IIIIaye# 13541432310					
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) (d	FOR LINE NUMBER: PAGE 10 OF 22 check only one) X 17		
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and					
NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS	,				
Full Name (Last, First, Middle Initial) A. John Leekley		Date of Disbursement			
Mailing Address 201 Maple Ave			03 31 2013		
City State Chestertown MD	Zip Code 21620		Amount of Each Disbursement this Period		
Purpose of Disbursement social media consultant		003	100.00 Transaction ID : SB17.6056		
Candidate Name LAFERLA FOR CONGRESS		Category/ Type			
Office Sought: House Disbursement F					
Full Name (Last, First, Middle Initial) Main Street Business Solutions Inc. Mailing Address 102 Chester Village			Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement 29		
City State Chester MD	Zip Code 21619		Amount of Each Disbursement this Period		
Purpose of Disbursement compliance consultant Candidate Name LAFERLA FOR CONGRESS		001 Category/ Type	281.25 Transaction ID : SB17.6059		
Office Sought: House Disbursement F		туре			
Full Name (Last, First, Middle Initial) Main Street Business Solutions Inc.			Date of Disbursement		
Mailing Address 102 Chester Village			02 19 2013		
City State Chester MD Purpose of Disbursement compliance consultant	Zip Code 21619	004	Amount of Each Disbursement this Period 97.25		
Candidate Name LAFERLA FOR CONGRESS		001 Category/ Type	Transaction ID : SB17.6063		
Office Sought: House Disbursement F					

State:

MD

District:

01

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBER:		PAGE	11	OF	22
Use separate schedule(s)	(check only	y one)					
for each category of the Detailed Summary Page	×	17	18		19a		19k
Detailed Suffillary Fage		20a	20b		20c		21
y not be said or used by any person for the purpose of soliciting contributions							

		Detailed Suffiffia	ry Fage	20a	20b	20c	21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a						
	NAME OF COMMITTEE (In Full)	address of any pol	ilicai committee	to solicit conti	ibutions from	Such comm	iittee.
\geq	LAFERLA FOR CONGRESS						
	Full Name (Last, First, Middle Initial)			D-1 (D'			
A.	Salsa Labs				sbursement		
	Mailing Address PO Box 674533			03	27	2013	Y
	City State	Zip Code		Amount of	Each Disburs	ement this F	Period
	Detroit MI	48267				50	00
	Purpose of Disbursement email service		001	Transaction	ID : SB17.605		.00
	Candidate Name LAFERLA FOR CONGRESS		Category/ Type				
	Office Sought: House Disbursement For: Senate President Other (specific to the content of the conten	General					
В.	Full Name (Last, First, Middle Initial) Tru Blu Politics				sbursement	Y " Y " Y "	V
	Mailing Address 5570 Sterrett Place Suite 300			03	01	2013	1
	City State Columbia MD	Zip Code 21044		Amount of	Each Disburs	ement this F	Period
	Purpose of Disbursement Printed materials		004		ID : SB17.603	1502	.31
	Candidate Name LAFERLA FOR CONGRESS		Category/ Type	Transaction	. 0517.000		
	Office Sought: House Disbursement For: Senate Primary President Other (specification of the content of the co	General					
	Full Name (Last, First, Middle Initial)						
C.	Tru Blu Politics			Date of Dis	sbursement		
	Mailing Address 5570 Sterrett Place Suite 300			03	02	2013	Υ
		o Code		Amount of	Each Disburs	ement this F	Period
		1044	1			400	.00
	Purpose of Disbursement printed materials		004	Transaction	D - 6047 600	433	.33
	Candidate Name LAFERLA FOR CONGRESS		Category/ Type	Iransaction	D : SB17.603	4	
	Office Sought: House Disbursement For: Senate Primary Other (sponsors)	General					
s	UBTOTAL of Disbursements This Page (optional)				,	1985.	.64
	OTAL This Period (last page this line number only)						
	≠ in= ino i onou (last page tills lille Hullibel Ully)				7 9		

SCHEDULE B (FEC Form 3)

PAGE 12 22 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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) LAFERLA FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Tru Blu Politics 2013 Mailing Address 5570 Sterrett Place 03 23 Suite 300 City State Zip Code Amount of Each Disbursement this Period MD Columbia 21044 Purpose of Disbursement 325.80 fundraising consultant 003 Transaction ID: SB17.6051 Candidate Name Category/ LAFERLA FOR CONGRESS Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President MD State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District:

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

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

325.80

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

13

×	13a
	13b

22

(check only one) Detailed Summary Page Transaction ID: SC/10.4175 NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. JOHN JAMES LAFERLA General Mailing Address Other (specify) ullet209 BIRCH RUN ROAD State ZIP Code City MD 21620 **CHESTERTOWN** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 12^M ^D30 2011 0.00 11/11/12 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

1mage# 13941452314 PAGE 14 / 22

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4175

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

2500.00 has been rescinded)

Form/Schedule: Transaction ID:

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

15

X	13a
	13b

22

(check only one) Detailed Summary Page Transaction ID: SC/10.4628 NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. JOHN JAMES LAFERLA General Mailing Address Other (specify) ullet209 BIRCH RUN ROAD State ZIP Code City MD 21620 **CHESTERTOWN** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 02^M Ž012 0.00 1/1/20 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1mage# 13941452316 PAGE 16 / 22

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

17

X	13a
	13b

22

(check only one) Detailed Summary Page Transaction ID: SC/10.4977 NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dr. JOHN JAMES LAFERLA General Mailing Address Other (specify) ullet209 BIRCH RUN ROAD State ZIP Code City MD 21620 **CHESTERTOWN** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3518.63 0.00 3518.63 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M ^D12 Ž012 0.00 1/1/20 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

1mage# 13941452318 PAGE 18 / 22

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4977

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

3518.63 has been rescinded)

Form/Schedule: Transaction ID:

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

19

X	13a
	13b

22

Detailed Summary Page Transaction ID: SC/10.5123 NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dr. JOHN JAMES LAFERLA General Mailing Address Other (specify) ullet209 BIRCH RUN ROAD State ZIP Code City MD 21620 **CHESTERTOWN** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 ^M 03^M Ž012 0.00 1/1/20 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1mage# 13941452320 PAGE 20 / 22

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

21

OF

22

for each category of the **X** 13a **LOANS** (check only one) Detailed Summary Page 13b Transaction ID: SC/10.5767 NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. JOHN JAMES LAFERLA ★ General Mailing Address Other (specify) \blacktriangledown 209 BIRCH RUN ROAD State ZIP Code City MD 21620 **CHESTERTOWN** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M 05 Ž012 0.00 12/31/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

22 OF 22

for each category of the **X** 13a **LOANS** (check only one) Detailed Summary Page 13b Transaction ID: SC/10.5800 NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dr. JOHN JAMES LAFERLA ★ General Mailing Address Other (specify) \blacktriangledown 209 BIRCH RUN ROAD State ZIP Code City MD 21620 **CHESTERTOWN** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 22 ^M 10^M Ž012 0.00 12/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) 39018.63

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