FFC I	EPORT OF RECEI ND DISBURSEME For An Authorized Committee	NTS	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: over the	: If typing, type 12FE4M5 lines.	
	RESS		
ADDRESS (number and street)	209 BIRCH RUN ROAD		
Check if different	PO BOX 832		
than previously reported. (ACC)		MD 21620	
2. FEC IDENTIFICATION NU		STATE ZIP CODE STATE ▼ DISTR	RICT
C C00507335	3. IS THIS REPORT	NEW (N) OR (A) (A) (A) (A) (A)	
<ul> <li>4. TYPE OF REPORT (Chore)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Reports</li> <li>July 15 Quarterly Reports</li> <li>October 15 Quarterly</li> <li>January 31 Year-End</li> <li>Termination Report</li> </ul>	(b) 12-Day <b>PRE</b> -Election peport (Q1) (c) 30-Day <b>POST</b> -Election (c) 30-Day <b>POST</b> -Election (c) Gene	on Report for the:   ary (12P)   General (12G)   vention (12C)   Special (12S)   in the State of tion Report for the: eral (30G) Runoff (30R) Special (30R) Special (30R)	
5. Covering Period	1 / D D / Y Y Y Y 01 / 2013 th	nrough 06 / 0 / Y Y Y Y 30 / 2013	
I certify that I have examined thi Type or Print Name of Treasurer	Report and to the best of my knowled	ge and belief it is true, correct and complete.	
Signature of Treasurer Nanc	E Harrison [Electr	ronically Filed] Date	Y
	ous, or incomplete information may subject	t the person signing this Report to the penalties of 2 U.S.C. §43	37g.
Office Use Only		FEC FORM 3 (Revised 02/2003)	

Image# 13941452323

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08/16/2013 12 : 50

Γ	FEC Form 3 (Revised 02/2003)	<b>SUMMARY PAGE</b> of Receipts and Disbursements	PAGE 2 / 40
	/rite or Type Committee Name _AFERLA FOR CONGRESS		
R	eport Covering the Period: From:	04 / D D / Y Y Y Y 2013 To:	M M / D D / Y Y Y Y Y 30 / 2013
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	<ul><li>(a) Total Contributions</li><li>(other than loans) (from Line 11(e))</li></ul>	38147.33	43144.28
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	38147.33	43144.28
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	11560.68	19427.45
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	76.00
	<ul><li>(c) Net Operating Expenditures</li><li>(subtract Line 7(b) from Line 7(a))</li></ul>	11560.68	19351.45
8.	Cash on Hand at Close of Reporting Period (from Line 27)	29750.34	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	39018.63	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

Image# 13941452324

Image# 13941452325		
Г	DETAILED SUMMARY PAGE	_
FEC Form 3 (Revised 12/2003)	of Receipts	PAGE 3 / 40
Write or Type Committee Name		
LAFERLA FOR CONGRESS		
Report Covering the Period: From:	04 / D D / Y Y Y Y 01 2013 To:	M M / D D / Y Y Y Y 06 30 2013
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)	28366.33	31466.33
(ii) Unitemized	9781.00	11517.95
(iii) TOTAL of contributions from individuals	38147.33	42984.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	160.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	38147.33	43144.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	0.00	76.00
15. OTHER RECEIPTS	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	38147.33	43220.28

of Disbursements PAGE 4 / 40 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 11560.68 19427.45 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 5000.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 5000.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 11560.68 24427.45 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY** 

**DETAILED SUMMARY PAGE** 

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	3163.69
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	38147.33
25.	SUBTOTAL (add Line 23 and Line 24)	41311.02
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	11560.68
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	29750.34

Image# 13941452326

~				FOR LINE N	UMBER:	PAGE	5 OF	40
S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only o	one)			
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	_11c	11d	
_			Detailed Guinnary Page	12	13a	13b	14	15
	y information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full)							
A.	Full Name (Last, First, Middle Initial) Fouad Abbas			Date of F	Receipt			
	Mailing Address 7018 Rock Stream Court				/ 04		y y y 2013	7
	City	State	Zip Code	Transaction				
	Baltimore	MD	21209			141.0200		
	FEC ID number of contributing federal political committee.	С		Amount o	of Each Re	eceipt this	Period	_
	Name of Employer	Occupation	1		7	9	1000.0	0
	Self	Physician		_				
	Receipt For: 2014	Election C	ycle-to-Date					
	Other (specify)		1000.00					
В.	Full Name (Last, First, Middle Initial) Ronald Abramson			Date of F	leceipt			
Б.	Mailing Address 1700 K Street NW #300				/ D D 02	/ Y	y y y 2013	1
	City	State	Zip Code	Transaction		1AL 6136		
	Washington	DC	20006					
	FEC ID number of contributing federal political committee.	С		Amount o	of Each Re	eceipt this		_
	Name of Employer	Occupation	1	- L			500.0	0
	Buchanan Ingersoll & Rooney	Attorney						
	Receipt For: 2014	Election C						
	Primary General		E00.00	1				
	Other (specify)		500.00	1				
c.	Full Name (Last, First, Middle Initial) Steve Anderton			Date of F	Receipt			
<b>.</b>	Mailing Address 522 Lime Landing Rd			M M 04	/	/ Y	y y y 2013	7
	City	State	Zip Code	Transactio	n ID : SA1	1AI.6127		
	Millington	MD	21651					
	FEC ID number of contributing federal political committee.	С		Amount o	of Each Re	eceipt this		-
	Name of Employer	Occupation	1				1000.0	00
	Millington Hardware	Owner				,		
	Receipt For: 2014	Election C	ycle-to-Date					
Primary General			4000.00	1				
	Other (specify)		1000.00	1				
s	UBTOTAL of Receipts This Page (optional)				,		2500.0	0
ŢΤ	OTAL This Period (last page this line number	only)				-	1.1	

SCHEDULE A (FEC Form 3)       Use separate schedule(s) for each category of the Detailed Summary Page       Item Like Nomber 1.         ITEMIZED RECEIPTS       Use separate schedule(s) for each category of the Detailed Summary Page       Item 11b       Item 11b         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic or for commercial purposes, other than using the name and address of any political committee to solicit contributions from         NAME OF COMMITTEE (In Full)       LAFERLA FOR CONGRESS         Full Name (Last, First, Middle Initial)       Myron Arms         Mailing Address PO Box 30       Date of Receipt         City       State       Zip Code         City       State       Zip Code         Cecilton       MD       21913	2013 221
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic or for commercial purposes, other than using the name and address of any political committee to solicit contributions from         NAME OF COMMITTEE (In Full)         LAFERLA FOR CONGRESS         Full Name (Last, First, Middle Initial)         Myron Arms         Mailing Address PO Box 30         City       State       Zip Code         UP       Transaction ID : SA11AL62	2013 221
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS  Full Name (Last, First, Middle Initial) Myron Arms Mailing Address PO Box 30 City State Zip Code Transaction ID : SA11AL62	2013 221
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from         NAME OF COMMITTEE (In Full)         LAFERLA FOR CONGRESS         Full Name (Last, First, Middle Initial)         Myron Arms         Mailing Address PO Box 30         City       State         Zip Code         Transaction ID : SA11AL62	such committee.
A.       Full Name (Last, First, Middle Initial)         Mailing Address PO Box 30       Date of Receipt         City       State       Zip Code         Transaction ID : SA11AL62	_2013
A. Myron Arms Mailing Address PO Box 30 City State Zip Code Transaction ID : SA11AL62	_2013
Mailing Address PO Box 30       Mode       Image: City       State       Zip Code         City       State       Zip Code       Transaction ID : SA11AI.62	_2013
Iransaction ID : SA11AL62	
Cecilton MD 21913	this Pariod
FEC ID number of contributing federal political committee.	
Name of Employer     Occupation       Retired     Self employed writer	500.00
Receipt For: 2014 Election Cycle-to-Date	
X     Primary     General	
Other (specify) 500.00	
Full Name (Last, First, Middle Initial)         Joan Bailey         Date of Receipt	
Mailing Address 28420 Catalpa Point Rd	2013
City     State     Zip Code     Transaction ID : SA11AI.62       Easton     MD     21601	244
FEC ID number of contributing federal political committee.	this Period
Name of Employer Occupation	300.00
None Homemaker	
Receipt For: 2014 Election Cycle-to-Date	
Primary     General       Other (specify)     300.00	
Full Name (Last, First, Middle Initial)       Date of Receipt         Date of Receipt       Date of Receipt	
C. Mailing Address 6778 Burris Rd	2013
City State Zip Code Transaction ID : SA11AI.6	
Rock Hall MD 21661	
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	300.00
Retired Retired	
Receipt For: 2014 Election Cycle-to-Date	
Primary   General     Other (specify)   300.00	
SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

IT Ar				FOR LINE NUMBER:       PAGE       7       OF       40         (check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Check only only only only only only only only
	NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS			
A. Full Name (Last, First, Middle Initial) Mailing Address 4922 Augustine Herman Hwy				Date of Receipt
	City Earleville	State MD	Zip Code 21919	Transaction ID : SA11AI.6133
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer APEC	Occupation Sales	1	
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 250.00	
в.	Full Name (Last, First, Middle Initial) Garrett Bilmire Mailing Address 4922 Augustine Herman Hwy			Date of Receipt
				05 15 2013
	City Earleville	State MD	Zip Code 21919	Transaction ID : SA11AI.6143
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	250.00
	APEC	Sales		
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 500.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address 110 Birch Run Rd	State	7. 0. 1	04 / Y Y Y Y 04 11 2013
	City Chestertown		Zip Code 21620	Transaction ID : SA11AI.6085
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		500.00
		Not employ		
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
1	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3)				40		
			Use separate schedule(s) for each category of the	(check only one)			
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14	15		
Ar	v information copied from such Reports and	Statements m	nav not be sold or used by any	person for the purpose of soliciting contribution			
				ee to solicit contributions from such committee			
	NAME OF COMMITTEE (In Full)						
<u>م</u>	Full Name (Last, First, Middle Initial) Sandra Bjork			Date of Receipt			
Λ.	Mailing Address 110 Birch Run Rd			04 25 2013			
	City Chestertown	State MD	Zip Code 21620	Transaction ID : SA11AI.6113			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer None	Occupation Not employ		25.00			
	Receipt For: 2014		ycle-to-Date				
	Primary General Other (specify)		525.00	1			
В.	Full Name (Last, First, Middle Initial) Sandra Bjork			Date of Receipt			
υ.	Mailing Address 110 Birch Run Rd	M M / D D / Y Y Y Y 06 30 2013					
	City Chestertown	State MD	Zip Code 21620	Transaction ID : SA11AI.6306			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	_		
	Name of Employer	Occupation	า	100.00			
	None	Not employ	red				
	Receipt For: 2014	Election C	ycle-to-Date				
	Other (specify)		625.00	1			
— с.	Full Name (Last, First, Middle Initial) David Bowering			Date of Receipt			
0.	Mailing Address 209 Washington Ave			06 30 / Y Y Y Y 06 30 2013			
	City Chestertown	State MD	Zip Code 21620	Transaction ID : SA11AI.6307			
			21020				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	Occupation	1	500.00			
	Retired	Retired					
		Election C	ycle-to-Date				
	Primary General Other (specify)		500.00	]			
s	UBTOTAL of Receipts This Page (optional)			625.00			
т	OTAL This Period (last page this line number	only)					

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         9         OF         40           (check only one)         X         11a         11b         11c         11d           12         13a         13b         14         15		
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS					
Α.	Full Name (Last, First, Middle Initial) Carol Cayo			Date of Receipt		
,	Mailing Address 3855 Margits Lane			06 28 2013		
	City Trappe	State MD	Zip Code 21673	Transaction ID : SA11AI.6417		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer Vertex Inc	Occupation Director	1			
	Receipt For: 2014	Election C	ycle-to-Date			
	Other (specify)		250.00	]		
в.	Full Name (Last, First, Middle Initial) Amina Chaudhry			Date of Receipt		
	Mailing Address 31 N. Decker Ave			M M / D D / Y Y Y Y 06 30 2013		
	City Baltimore	State MD	Zip Code 21224	Transaction ID : SA11AI.6309		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	1	250.00		
	Johns Hopkins Receipt For: 2014	Physician				
	Primary General	Election C	ycle-to-Date			
	Other (specify)		250.00			
с.	Full Name (Last, First, Middle Initial) Millie Chiu			Date of Receipt		
•.	Mailing Address 6853 Pentridge Court			M M / D D / Y Y Y Y 06 28 2013		
	City Chestertown	State MD	Zip Code 21620	Transaction ID : SA11AI.6421		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation		500.00		
	Information Requested	Information	Requested			
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary General Other (specify)		500.00	]		
s	UBTOTAL of Receipts This Page (optional)			1000.00		
1	OTAL This Period (last page this line number	only)				

S	CHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 10	OF 40	
			Use separate schedule(s) for each category of the	(check only one)		
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11c		
_				12 13a 13b 14	15	
	y information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full)					
۲ ۸.	Full Name (Last, First, Middle Initial) Louis Codispoti			Date of Receipt		
А.	Mailing Address 4772 Sailors Retreat Rd			05 23 2013	Y	
	City	State	Zip Code			
	Oxford	MD	21654	Transaction ID : SA11AI.6169		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Perio		
	Name of Employer	Occupation			0.00	
	Univ of Maryland	Oceanogra	pher			
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary General		250.00	1		
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) Diana Conway			Date of Receipt		
ь.	Mailing Address 10600 River Rd	04 22 2013	Y			
	City	State	Zip Code	Transaction ID : SA11AI.6090		
	Potomac	MD	20854			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Perio		
	Name of Employer	Occupation	า		50.00	
	None	None		, , , , , , , , , , , , , , , , , , , ,		
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary General			1		
	Other (specify)	L	250.00			
_	Full Name (Last, First, Middle Initial) David Danner			Date of Receipt		
C.	Mailing Address 204 S. Hanson St				Y	
	City	State	Zip Code	06082013	_	
	Easton	MD	21601	Transaction ID : SA11AI.6190		
	FEC ID number of contributing					
	federal political committee.	С		Amount of Each Receipt this Perio	od 00.00	
	Name of Employer	Occupation	n		0.00	
	Chesapeake Pathology Associate	Physician				
Primary General		Election C	ycle-to-Date			
		300.00	1			
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,			
s	UBTOTAL of Receipts This Page (optional)			80	0.00	
F						
T	OTAL This Period (last page this line number	only)			<u> </u>	

<b>I</b> Т	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         11         OF         40           (check only one)         X         11a         11b         11c         11d           12         13a         13b         14         15
				person for the purpose of soliciting contributions se to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Deborah Davis Mailing Address 342 Fords Landing Lane City Millington FEC ID number of contributing federal political committee. Name of Employer Chester River Health Pagoint For: 2014	State MD C Occupation Physician		Date of Receipt
	Receipt For: 2014           Primary         General           Other (specify)         Full Name (Last, First, Middle Initial)		ycle-to-Date 250.00	]
в.	Susan Delean-Botkin Mailing Address 202 Third Street City Oxford	State MD	Zip Code 21654	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer Family Care of Easton Receipt For: 2014 Primary General Other (specify)	C Occupation Nurse Pract Election C		Amount of Each Receipt this Period 300.00
с.	Full Name (Last, First, Middle Initial) Jeffrey Denton Mailing Address 6855 Cookes Hope Rd City	State	Zip Code	Date of Receipt
	Easton FEC ID number of contributing federal political committee. Name of Employer River Family Physicians Receipt For: 2014 Primary General	MD C Occupation Physician Election C	21601	Amount of Each Receipt this Period
	UBTOTAL of Receipts This Page (optional)			800.00

S	CHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 12 OF 40		
ι γ			Use separate schedule(s) for each category of the	(check only one)		
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d		
_				12   13a   13b   14   15		
				person for the purpose of soliciting contributions be to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
۲ ۸.	Full Name (Last, First, Middle Initial) Janice Dickson			Date of Receipt		
А.	Mailing Address 215 Birch Run Rd			05 21 2013		
	City	State	Zip Code	Transaction ID : SA11AI.6158		
	Chestertown	MD	21620	Transaction ID . SATTALOTSO		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	2	250.00		
	Name of Employer Retired	Retired	I			
	Receipt For: 2014		vcle-to-Date	_		
	Primary General	Election C	ycle-to-Date			
	Other (specify)	1	250.00			
			, ,			
_	Full Name (Last, First, Middle Initial)					
В.	Thomas Downs			Date of Receipt		
	Mailing Address 104 Dove Lane	M M / D D / Y Y Y Y				
		05 28 2013				
	City	State	Zip Code	Transaction ID : SA11AI.6191		
	Centreville	MD	21617	_		
	FEC ID number of contributing	С		Amount of Each Receipt this Period		
	federal political committee.	U				
	Name of Employer	Occupation	٦	250.00		
	Self	Dentist				
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary General			1		
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)					
C.	Ms. Carol Duane			Date of Receipt		
•••	Mailing Address 85 Park Rd.			M M / D D / Y Y Y Y		
	City	State	Zip Code	06 03 2013		
	City Chelmsford	MA	01824	Transaction ID : SA11AI.6178		
			01024	_		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	ı	600.00		
	Next Generation Child Care	Teacher				
Receipt For:     2014     Election Cy       Primary     General       Other (specify)		Election C	ycle-to-Date			
			1			
		600.00				
_						
				1100.00		
s	<b>UBTOTAL</b> of Receipts This Page (optional)					
T	<b>OTAL</b> This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports and Statements m		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE     13     OF     40       (check only one)     Image: Check only one)     Image: Check only one)     Image: Check only one)       Image: Image: Check only one)     Image: Check only one)     Image: Check only one)     Image: Check only one)       Image: Image: Check only one)     Image: Check only one)     Image: Check only one)     Image: Check only one)       Image: Image: Check only one)     Image: Check only one)     Image: Check only one)     Image: Check only one)       Image: Image: Check only one)     Image: Check only one)     Image: Check only one)     Image: Check only one)       Image: Image: Check only one)     Image: Check only one)     Image: Check only one)     Image: Check only one)       Image: Image: Check only only only only only only only only	
				ee to solicit contributions from such committee.
Α.	Mailing Address 303 N. Queen Street		Zip Code	Date of Receipt
	Chestertown	MD	21620	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Occupa Self Commu			
	Receipt For: 2014           Primary         General           Other (specify)	Election Cy	vcle-to-Date 250.00	
В.	Full Name (Last, First, Middle Initial) Michael Fadden			Date of Receipt
	Mailing Address 5648 Mt. Holly Rd			M M / D D / Y Y Y Y 06 28 2013
	City East New Market	State MD	Zip Code 21631	Transaction ID : SA11AI.6295
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Maryland Healthy Weights LLC	Medical Dire	ector	
	Receipt For: 2014 Primary General Other (specify)	Election Cy	vcle-to-Date 250.00	
	Full Name (Last, First, Middle Initial)			Data of Descipt
C.	Mailing Address 7681 Woodland Circle			Date of Receipt
	City	State MD	Zip Code	Transaction ID : SA11AI.6125
	Easton		21601	
	FEC ID number of contributing federal political committee.  Name of Employer Occupati none Descript Form 2014			Amount of Each Receipt this Period
			l	250.00
			vala ta Data	
	Receipt For:       2014         Primary       General         Other (specify)       250.0			
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number of	only)		, ,

				FOR LINE NUMBER: PAGE 14 OF 40			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)			
			for each category of the	X 11a 11b 11c 11d			
			Detailed Summary Page	12 13a 13b 14 15			
				person for the purpose of soliciting contributions			
or	for commercial purposes, other than using the	e name and a	address of any political committe	ee to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
۲ ۸.	Full Name (Last, First, Middle Initial) Judy Gifford	Date of Receipt					
Λ.	Mailing Address 12246 Locust Grove Rd			06 17 2013			
	City	State	Zip Code	Transaction ID : SA11AI.6267			
	Kennedyville	MD	21645				
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period			
	Name of Employer	Occupation	1	250.00			
	Self	Farmer					
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary General		050.00	1			
	Other (specify)	L	250.00	1			
В.	Full Name (Last, First, Middle Initial) Francesco Grasso			Date of Receipt			
в.	Mailing Address 1 Spring Knoll Court	05 28 2013					
	City Timonium	State MD	Zip Code 21093	Transaction ID : SA11AI.6193			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	Occupation	1	1000.00			
	Self	Physician	1				
	Receipt For: 2014		ycle-to-Date				
	Primary General						
	Other (specify)	L	1000.00				
	Full Name (Last, First, Middle Initial) Lawrence Griffith			Date of Receipt			
C.	Mailing Address 802 St. George's Rd						
				06 27 2013			
	City	State	Zip Code	Transaction ID : SA11AI.6245			
	Baltimore	MD	21210	_			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer		1	250.00			
	Johns Hopkins	Physician		· · · · · · · · · · · · · · · · · · ·			
			ycle-to-Date	-			
				1			
	Other (specify)	250.00					
Γ				1500.00			
	<b>CUBTOTAL</b> of Receipts This Page (optional)			-			
T	OTAL This Period (last page this line number	only)					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER:     PAGE     15     OF     40       (check only one)     X     11a     11b     11c     11d
_			Detailed Summary Page	12 13a 13b 14 15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
۲ <u>ـــــــ</u>	Full Name (Last, First, Middle Initial) Mr David A Grimes			Date of Receipt
	Mailing Address 7207 Grouper Court	06 07 2013		
	City Wilmington	State NC	Zip Code 28409	Transaction ID : SA11AI.6207
	FEC ID number of contributing federal political committee.           Name of Employer         Occupate           University of North Carolina         Physicia			Amount of Each Receipt this Period
			1	
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary General Other (specify)		1000.00	]
В.	Full Name (Last, First, Middle Initial) Hope Harrington			Date of Receipt
υ.	Mailing Address 7768 Ratcliffe Manor Lane	M M / D D / Y Y Y Y 05 07 2013		
	City Easton	State MD	Transaction ID : SA11AI.6100	
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period		
	Name of Employer	Occupation	1	500.00
	Retired	Retired		
	Receipt For: 2014	Election C	ycle-to-Date	_
	Other (specify)		500.00	1
_	Full Name (Last, First, Middle Initial) James Hendry			Date of Receipt
C.	Mailing Address 449 Heron Point			06 26 2013
	City	State	Zip Code	Transaction ID : SA11AI.6238
	Chestertown	MD	21620	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Retired Eco			
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 250.00	1
s	UBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 OF 40 (check only one)		
			for each category of the Detailed Summary Page	X 11a 11b 11c 11d		
	winformation conied from such Departs and	Ototomonto m		12 13a 13b 14 15		
				person for the purpose of soliciting contributions be to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
<u>ــــــــــــــــــــــــــــــــــــ</u>	Full Name (Last, First, Middle Initial) Kenneth Herlihy			Date of Receipt		
,	Mailing Address 14006 Huyettt Lane	M M / D D / Y Y Y Y 06 26 2013				
	City Galena	State MD	Zip Code 21635	Transaction ID : SA11AI.6239		
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
	Name of Employer Retired	Occupatior Retired	ı			
	Receipt For: 2014	Election C	ycle-to-Date	_		
	Primary General Other (specify)		500.00	]		
В.	Full Name (Last, First, Middle Initial) Shirley Hunt	Date of Receipt				
2.	Mailing Address 111 N. Queen Street	M M / D D / Y Y Y Y 06 26 2013				
	City Chestertown	State MD	Zip Code 21620	Transaction ID : SA11AI.6280		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	1	700.00		
	Self	Nurse Tech	1			
	Receipt For: 2014	Election C	ycle-to-Date			
	Other (specify)		700.00	]		
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt		
0.	Mailing Address PO Box 69			04 26 2013		
	City Royal Oak	State MD	Zip Code 21662	Transaction ID : SA11AI.6134		
		mb	21002	_		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
			1	1000.00		
			ycle-to-Date			
	Primary General Other (specify)		1000.00			
s	UBTOTAL of Receipts This Page (optional)			2200.00		
Т	OTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 17 OF 40			
		Use separate schedule(s) for each category of the	(check only one)			
ITEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c } \hline & $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $$			
Any information copied from such Reports and	Statements m	nav not be sold or used by any	person for the purpose of soliciting contributions			
			ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Full Name (Last, First, Middle Initial)			Date of Receipt			
Mailing Address 13842 Gregg Neck						
CityStateGalenaMDFEC ID number of contributing federal political committee.C		Zip Code 21635	Transaction ID : SA11AI.6420			
			Amount of Each Receipt this Period			
Name of Employer Baker, Donelso, Bearman, Caldw	Occupation Attorney	1				
Receipt For: 2014	, I	ycle-to-Date				
Primary General Other (specify)		250.00	]			
Full Name (Last, First, Middle Initial) B. Dr. Kevin Karpowicz	Dr. Kevin Karpowicz					
Mailing Address 6923 Hagy Road	06 27 2013					
City Rock Hall	State MD	Zip Code 21661	Transaction ID : SA11AI.6289			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer	Occupation	1	250.00			
Johns Hopkins Comm Physicians	Physician					
Receipt For: 2014	Election C	ycle-to-Date				
Primary General Other (specify)		250.00	]			
Full Name (Last, First, Middle Initial) C.	<u>I</u>		Date of Receipt			
Mailing Address 4671 Ferry Neck Rd			M M / D D / Y Y Y Y 06 14 2013			
City Royal Oak	State MD	Zip Code 21662	Transaction ID : SA11AI.6223			
		21002				
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period			
Name of Employer	Occupation	1				
Retired	Retired					
		ycle-to-Date				
Primary     General       Other (specify)		250.00	]			
SUBTOTAL of Receipts This Page (optional)			750.00			
TOTAL This Period (last page this line number	r only)		, ,			

	s and Statements m		FOR LINE NUMBER:       PAGE       18       OF       40         (check only one)       Image: Additional state of the state o
NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial)         A.         Mailing Address 52004 Florinada Bay         City         Boynton Beach         FEC ID number of contributing federal political committee.         Name of Employer         Retired         Receipt For: 2014         Primary       General         Other (specify)	State FL Occupation Retired	Zip Code 33436 vycle-to-Date 1050.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 27 Gina Lane	State	Zip Code	Date of Receipt
Elkton FEC ID number of contributing federal political committee. Name of Employer Retired - General Motors Receipt For: 2014 Primary General Other (specify)	MD C Occupation Retired Election Cy	21921 ycle-to-Date , 316.33	Amount of Each Receipt this Period 291.33 In-kind - office supplies to print materials and sign
C. Full Name (Last, First, Middle Initial) Noah McCormack Mailing Address 983 Memorial Drive #402 City Cambridge FEC ID number of contributing federal political committee.	State MA	Zip Code 02138	Date of Receipt
Name of Employer none Receipt For: 2014 Primary General Other (specify)	Occupation none Election C	ycle-to-Date 250.00	250.00
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line not			1541.33

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         19         OF         40           (check only one)         X         11a         11b         11c         11d           12         13a         13b         14         15			
				person for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS						
Full Name (Last, First, Middle Initial)				Date of Receipt			
	Mailing Address 221 Birch Run Rd			06 10 2013			
	City	State	Zip Code	Transaction ID : SA11AI.6187			
	Chestertown	MD	21620				
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period			
	Name of Employer Retired	Occupation Retired	1				
	Receipt For: 2014	Election C	ycle-to-Date				
	Primary General Other (specify)		2600.00				
В.	Full Name (Last, First, Middle Initial) Russell Moy			Date of Receipt			
В.	Mailing Address 1103 Walnutwood Rd	06 08 2013					
	City Hunt Valley	State MD	Zip Code 21030	Transaction ID : SA11AI.6208			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	Occupation	1				
	State of Maryland	Physician					
	Receipt For: 2014	Election C	ycle-to-Date	_			
	Other (specify)		500.00				
— c.	Full Name (Last, First, Middle Initial) Antonio Nelson			Date of Receipt			
0.	Mailing Address PO Box 346			M M / D D / Y Y Y Y 05 25 2013			
	City Upper Marlboro	State MD	Zip Code 20773	Transaction ID : SA11AI.6152			
			20113				
	FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation Radiologist         American Radiology Associates       Radiologist		Amount of Each Receipt this F				
				1000.00			
Receipt For: 2014 Election Cy			ycle-to-Date				
	Other (specify)	1000.00					
s	UBTOTAL of Receipts This Page (optional)			4100.00			
Т	OTAL This Period (last page this line number	only)		, ,			

SCHEDIII E A (EEC Form 2)			FOR LINE NUMBER: PAGE 20 OF 40			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 11d			
	01-1-1-1		12   13a   13b   14   15			
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Full Name (Last, First, Middle Initial) Frances C Nyce			Date of Receipt			
Mailing Address 121 Smith Ave			06 03 2013			
City Westminster	State MD	Zip Code 21157	Transaction ID : SA11AI.6179			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer Occupa Retired Retired		1				
Receipt For: 2014	Election C	ycle-to-Date				
Primary General Other (specify)		350.00	]			
Full Name (Last, First, Middle Initial) B. Katherine Pagano			Date of Receipt			
Mailing Address 210 David Drive	Mailing Address 210 David Drive					
City Chestertown	State MD	Zip Code 21620	Transaction ID : SA11AI.6146			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer	Occupation	1	250.00			
Private Practice	Physician					
Receipt For: 2014	Election C	ycle-to-Date				
Primary General Other (specify)		250.00	]			
Full Name (Last, First, Middle Initial) C	I		Date of Receipt			
Mailing Address 7444 Jeffreys Way			M M / D D / Y Y Y Y 06 30 2013			
City Easton	State MD	Zip Code 21601	Transaction ID : SA11AI.6423			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer	Occupatior	1	250.00			
Self	Physician					
		ycle-to-Date				
Other (specify)		250.00	]			
SUBTOTAL of Receipts This Page (optional)			750.00			
TOTAL This Period (last page this line number						

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE     21     OF     40       (check only one)     Image: Check only one in the image: Check on in
	Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		hay not be sold or used by any	
	NAME OF COMMITTEE (IN Full)			
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Peimer			Date of Receipt
	Mailing Address 8774 Orchard Dr			06 29 2013
	City Chestertown	State MD	Zip Code 21620	Transaction ID : SA11AI.6303
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
			ı	
			ycle-to-Date	
	Primary   General     Other (specify)		250.00	]
В.	Full Name (Last, First, Middle Initial) Dr Melvin Rapelyea	1		Date of Receipt
5.	Mailing Address 17 Bayside Blvd	M M / D D / Y Y Y Y 04 11 2013		
	City Betterton	State MD	Zip Code 21610	Transaction ID : SA11AI.6082
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	500.00
	Self	Physician		
	Receipt For: 2014	Election C	ycle-to-Date	
	Y Primary General Other (specify)		500.00	]
с.	Full Name (Last, First, Middle Initial) Stanley Salett			Date of Receipt
	Mailing Address 6860 Pentridge Ct			M M / D D / Y Y Y Y 06 27 2013
	City Chestertown	State MD	Zip Code 21620	Transaction ID : SA11AI.6247
	FEC ID number of contributing		21020	_
	federal political committee.	С		Amount of Each Receipt this Period
	Name of EmployerOccupaSelfConsultReceipt For: 2014Election			, , , , , , , , , , , , , , , , , , , ,
			ycle-to-Date	_
Primary General			1	
	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			1250.00
т	OTAL This Period (last page this line number	<sup>.</sup> only)		L , ,

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s)		FOR LINE NUMBER: PAGE 22 OF 40 (check only one)			
			for each category of the Detailed Summary Page	X 11a 12	11b 13a	11c 13b	11d 14	15
	ny information copied from such Reports and for commercial purposes, other than using th							
	NAME OF COMMITTEE (In Full)							
<u>م</u>	Full Name (Last, First, Middle Initial) Marty Saulenas			Date of	Receipt			
	Mailing Address 22681 Bella Rita Circle	м м 06	M M / D D / Y Y Y Y					
	City Boca Raton	State FL	Zip Code 33433	Transacti	on ID : SA1	1AI.6235		
	FEC ID number of contributing federal political committee.			Amount	of Each Re	ceipt this	Period	_
	Name of Employer Sunbeam	Occupation not supplie		- L.	, , , , , , , , , , , , , , , , , , ,	ÿ	2600.0	00
	Receipt For: 2014		ycle-to-Date					
	Primary General Other (specify)		2600.00	]				
В.	Full Name (Last, First, Middle Initial)			Date of	Receipt			
D.	Mailing Address 213 Radcliffe Dr				/ D D 19	/ Y	2013	Y
	City Chestertown	State MD	Transacti	Transaction ID : SA11AI.6236				
	FEC ID number of contributing federal political committee.	С		Amount	of Each Re	eceipt this		
	Name of Employer	Occupation	1	- L.			250.0	00
	None Receipt For: 2014	Not employ						
	Primary General	Election C	ycle-to-Date					
	Other (specify)		250.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) Mark C Stover			Date of	Receipt			
0.	Mailing Address 4712 Falcon St			м м 04	/ D D 22	/ Y	2013	Ý
	City Rockville	State MD	Zip Code 20853	Transacti	ion ID : SA1	1AI.6088		_
	FEC ID number of contributing		20000					
	federal political committee.	С		Amount	of Each Re	eceipt this	Period	00
	Name of Employer     Occupa       Self     Consult       Receipt For:     2014				,	,	500.0	50
			ycle-to-Date					
Primary General								
	Other (specify)	L	500.00					
s	UBTOTAL of Receipts This Page (optional)						3350.0	0
	<b>OTAL</b> This Period (last page this line number	only)				-		
1.1								

			FOR LINE NUMBER: PAGE 23 OF 40			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	X 11a 11b 11c 11d			
			12   13a   13b   14   15			
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Full Name (Last, First, Middle Initial) John Vail			Date of Receipt			
Mailing Address 24046 Macs Lane	Mailing Address 24046 Macs Lane					
City Worton	State MD	Zip Code 21678	Transaction ID : SA11AI.6126			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period			
Name of Employer None	Occupation Retired	n				
Receipt For: 2014	1	ycle-to-Date	-			
Primary General Other (specify)		750.00	1			
Full Name (Last, First, Middle Initial) B. Judith Wagner	Judith Wagner					
Mailing Address 63 French Rd	M M / D D / Y Y Y Y 06 22 2013					
City Gilmantown	State NH	Zip Code 03237	Transaction ID : SA11AI.6271			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer	Occupation	n	250.00			
None	none					
Receipt For: 2014	Election C	ycle-to-Date				
Primary General Other (specify)		250.00	]			
Full Name (Last, First, Middle Initial) <b>Richard Warren</b>			Date of Receipt			
Mailing Address 5317 Sixty Foot Rd			M M / D D / Y Y Y Y 05 09 2013			
City	State MD	Zip Code	Transaction ID : SA11AI.6102			
Parsonburg	ND	21849				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
			250.00			
		red				
		ycle-to-Date				
Primary General Other (specify)		250.00	]			
SUBTOTAL of Receipts This Page (optional)			1000.00			
TOTAL This Period (last page this line numbe	r only)					

SCHEDULE A (FEC Form 3)				FOR LINE NUMBER: PAGE 24 OF 40				
			Use separate schedule(s) for each category of the					
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d				
Γ.	av information canied from such Departs and	Statamanta m	l	12     13a     13b     14     15       person for the purpose of soliciting contributions				
				ee to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
۲ ۸.	Full Name (Last, First, Middle Initial) Adam Weinstein			Date of Receipt				
А.	Mailing Address 411 Wallman Way			05 29 2013				
City Stevensville		State MD	Zip Code 21666	Transaction ID : SA11AI.6197				
	FEC ID number of contributing federal political committee.          Name of Employer       Occupation         Self       Physician         Receipt For:       2014			Amount of Each Receipt this Period				
			1	250.00				
			ycle-to-Date	—				
	Primary General Other (specify)		250.00	]				
В.	Full Name (Last, First, Middle Initial) Dr. Kin K Wun	Date of Receipt						
0.	Mailing Address 113 Manor Ave	M M / D D / Y Y Y Y 06 30 2013						
	City Chestertown	State MD	Zip Code 11620	Transaction ID : SA11AI.6255				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer Self	Occupation Physician	1					
	Receipt For: 2014	,	ycle-to-Date					
	Primary General	Election						
	Other (specify)		250.00	1				
_	Full Name (Last, First, Middle Initial)			Date of Receipt				
C.	Mailing Address			M = M / D = D / 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		1					
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	]				
5	SUBTOTAL of Receipts This Page (optional)							
1	TOTAL This Period (last page this line number	only)		28366.33				

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)         PAGE         25         OF         40           X         17         18         19a         19				
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS							
Α.	Full Name (Last, First, Middle Initial) Keauna Gregory Mailing Address 3100 Spring Hill Pkwy SE			Date of Disbursement				
	# B       City     State       Smyrna     GA       Purpose of Disbursement     Campaign managment services	Zip Code 30080	001	Amount of Each Disbursement this Period 660.00 Transaction ID : SB17.6363				
	Candidate Name LAFERLA FOR CONGRESS Office Sought: House Senate President State: MD District: 01 Disbursement For Senate Other (s	General	Category/ Type					
В.	Full Name (Last, First, Middle Initial)         Keauna Gregory         Mailing Address 3100 Spring Hill Pkwy SE			Date of Disbursement				
	# B City State Smyrna GA Purpose of Disbursement Campaign managment services Candidate Name LAFERLA FOR CONGRESS	Zip Code 30080	001 Category/	Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6377				
	Office Sought:     X     House     Disbursement For       Senate     President     X     Primary       State:     MD     District:     01	General	Туре					
C.	Full Name (Last, First, Middle Initial) Keauna Gregory Mailing Address 3100 Spring Hill Pkwy SE			Date of Disbursement				
	# B           City         State         Zi	ip Code 30080	001	Amount of Each Disbursement this Period 2000.00				
	Candidate Name LAFERLA FOR CONGRESS Office Sought: House Senate President State: MD District: 01	General	Category/ Type	Transaction ID : SB17.6385				
	State:       MD       District:       01         SUBTOTAL of Disbursements This Page (optional)       4660.00         TOTAL This Period (last page this line number only)       4660.00							

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS							
	NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS						
A.	Full Name (Last, First, Middle Initial) Keauna Gregory			Date of Disbursement			
	Mailing Address 3100 Spring Hill Pkwy SE # B City State	Zip Code		06     18     2013       Amount of Each Disbursement this Period			
	Smyrna GA Purpose of Disbursement Reimbursements see memo	30080	001	247.96			
	Candidate Name LAFERLA FOR CONGRESS		Category/ Type	Transaction ID : SB17.6391			
	Office Sought: X House Disbursement For Senate President Other (s State: MD District: 01	General					
в.	Full Name (Last, First, Middle Initial)         Mr. Lawrence LaFerla         Mailing Address       83 Montgomery Street			Date of Disbursement			
	City State Boston MA	Zip Code 02116					
	Purpose of Disbursement website maintenance Candidate Name LAFERLA FOR CONGRESS		004 Category/ Type				
	Office Sought:     House     Disbursement For       Senate     President     Other (s       State:     MD     District:     01	General	Туре				
c.	Full Name (Last, First, Middle Initial) Mr. Lawrence LaFerla			Date of Disbursement			
	Mailing Address 83 Montgomery Street			05 / D D / Y Y Y Y 05 13 2013			
		p Code 2116		Amount of Each Disbursement this Period			
	Website maintenance Candidate Name LAFERLA FOR CONGRESS		004 Category/	Transaction ID : SB17.6365			
	Construction       Construction       Disbursement For         Office Sought:       X       House       Disbursement For         Senate       President       Other (s         State:       MD       District:       01	General	Туре				
s	UBTOTAL of Disbursements This Page (optional)			2115.46			
т	OTAL 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:         PAGE         27         OF         40           (check only one)         X         17         18         19a         19t           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)						
Α.	Full Name (Last, First, Middle Initial) Main Street Business Solutions Inc.			Date of Disbursement			
	Mailing Address 102 Chester Village			04 / D D / Y Y Y Y 2013			
	City State Chester MD	Zip Code 21619		Amount of Each Disbursement this Period			
	Purpose of Disbursement Compliance consultant		001	584.35 Transaction ID : SB17.6340			
	Candidate Name LAFERLA FOR CONGRESS Office Sought: House Disbursement For:	2014	Category/ Type				
	Senate President Other (s	General					
	State:         MD         District:         01           Full Name (Last, First, Middle Initial)						
В.	Linda Marshall			Date of Disbursement			
	Mailing Address 27 Gina Lane	Zin Code		05 30 2013			
	City State Elkton MD	Zip Code 21921		Amount of Each Disbursement this Period			
	Purpose of Disbursement In-kind - office supplies to print materials and signs			291.33 Transaction ID : SB17.6429			
	Candidate Name		Category/ Type				
	Office Sought: House Disbursement For. Senate President Other (s	General					
	State:     District:       Full Name (Last, First, Middle Initial)						
C.	Pay Pal			Date of Disbursement			
	Mailing Address PO Box 45950						
		p Code 8145		Amount of Each Disbursement this Period			
	Purpose of Disbursement payment processing fees for the quarter		003	445.53			
	Candidate Name LAFERLA FOR CONGRESS		Category/ Type	Transaction ID : SB17.6412			
	Office Sought: House Disbursement For Senate President Other (s State: MD District: 01						
s	UBTOTAL of Disbursements This Page (optional)			1321.21			
	OTAL 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:         PAGE         28         OF         40           (check only one)         X         17         18         19a         19b           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) LAFERLA FOR CONGRESS						
Α.	Full Name (Last, First, Middle Initial) Salsa Labs Mailing Address PO Box 674533			Date of Disbursement			
	City State Detroit MI Purpose of Disbursement	Zip Code 48267		Amount of Each Disbursement this Period			
	Website         Candidate Name         LAFERLA FOR CONGRESS         Office Sought:       Y House         Disbursement For	: 2014	004 Category/ Type	Transaction ID : SB17.6362			
	Senate President Other (s State: MD District: 01 Full Name (Last, First, Middle Initial)						
В.	Mailing Address 10645 Howard Johnson Rd			Date of Disbursement			
	City     State       Millington     MD       Purpose of Disbursement travel     Image: Comparison of Disbursement travel	Zip Code 21651	002				
	Candidate Name LAFERLA FOR CONGRESS Office Sought: House Disbursement For Senate President Other (s State: MD District: 01	General	Category/ Type				
c.	Full Name (Last, First, Middle Initial)			Date of Disbursement			
		p Code 1651	002	Amount of Each Disbursement this Period 64.89			
Candidate Name LAFERLA FOR CONGRESS Office Sought: House Senate President State: MD District: 01				Transaction ID : SB17.6408			
s	UBTOTAL of Disbursements This Page (optional)			190.68			
Т	OTAL 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         29         OF         40           X         17         18         19a         19i           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) LAFERLA FOR CONGRESS						
Α.	Full Name (Last, First, Middle Initial) Tru Blu Politics Mailing Address 5570 Sterrett Place			Date of Disbursement			
	Suite 300           City         State           Columbia         MD           Purpose of Disbursement         Operation Finance and text	Zip Code 21044		Amount of Each Disbursement this Period 615.41			
	Campaign Finance consultant Candidate Name LAFERLA FOR CONGRESS Office Sought: X House Disbursement For:	: 2014	003 Category/ Type	Transaction ID : SB17.6351			
	Senate Primary President Other (s State: MD District: 01 Full Name (Last, First, Middle Initial)	General pecify)					
В.	Joseph Volpe         Mailing Address       11 Kelton Court			Date of Disbursement			
	City     State       Albany     NY       Purpose of Disbursement website maintenance     NY	Zip Code 12209	003	Amount of Each Disbursement this Period 315.00 Transaction ID : SB17.6339			
	Candidate Name LAFERLA FOR CONGRESS Office Sought: House Disbursement For: Senate President Other (s State: MD District: 01	General	Category/ Type				
C.	Full Name (Last, First, Middle Initial)         Joseph Volpe         Mailing Address       11 Kelton Court			Date of Disbursement			
		o Code 2209	003	Amount of Each Disbursement this Period			
	Candidate Name LAFERLA FOR CONGRESS Office Sought: House Senate President State: MD District: 01	General	Category/ Type	Transaction ID : SB17.6353			
	UBTOTAL of Disbursements This Page (optional)			1087.91			
т	OTAL This Period (last page this line number only)						

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)     PAGE     30     OF     40       X     17     18     19a     19t       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) LAFERLA FOR CONGRESS						
Α.	Full Name (Last, First, Middle Initial) Young Democrats of Maryland Mailing Address PO Box 853			Date of Disbursement			
	City     State       Annapolis     MD       Purpose of Disbursement     Event tickets	Zip Code 21404		Amount of Each Disbursement this Period			
	Candidate Name LAFERLA FOR CONGRESS	- 2014	007 Category, Type	Transaction ID : SB17.6400			
	Office Sought: House Disbursement For Senate President Other (s State: MD District: 01	General					
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement			
	City State	Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement						
	Candidate Name Office Sought: House Disbursement For		Category, Type	·			
	Office Sought: House Disbursement For Senate President Other (s State: District:	General					
c.	Full Name (Last, First, Middle Initial)			Date of Disbursement			
		p Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement						
	Candidate Name	Category, Type					
	Office Sought: House Disbursement For Senate President Other (s State: District:	General					
s	UBTOTAL of Disbursements This Page (optional)			250.00			
т	OTAL This Period (last page this line number only)			9625.26			

Image# 13941452353						
SCHEDULE C (FEC Form 3) LOANS		Use separate schedule(s for each category of the Detailed Summary Page	(check only one)			
NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS		Transacti	on ID : SC/10.4175			
LOAN SOURCE Full Name (Last, First, Middle Dr. JOHN JAMES LAFERLA	nitial)	[PERSONAL FUNDS]	Election: 2012 Primary General			
Mailing Address 209 BIRCH RUN ROAD			Other (specify) <b>v</b>			
City Stat	e ZIP Code	e				
CHESTERTOWN MI	D 21620					
Original Amount of Loan Cu 2500.00	mulative Payment To E	Date Baland	ce Outstanding at Close of This Period 2500.00			
TERMS						
Date Incurred	Date Due	Interest Rate V/11/12 V 0.00	Secured: % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Lo						
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State Z	P. Code	Amount Guaranteed Outstanding:	y 1 1 (y 1 1 1 1 1			
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State Z	P Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1			
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State Z	P Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 1 1			
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State Z	P Code	Amount Guaranteed Outstanding:	y 1 y 1 x 1			
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedul		······	2500.00			

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)

Image# 13941452355	
SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Detailed Summary Page
NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS	Transaction ID : SC/10.4628
LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. JOHN JAMES LAFERLA	[PERSONAL FUNDS] Election: 2012 Primary General
Mailing Address 209 BIRCH RUN ROAD	Other (specify)
City State	ZIP Code
CHESTERTOWN MD	21620
Original Amount of Loan Cumulative F	Payment To Date Balance Outstanding at Close of This Period 0.00 10000.00
TERMS	
Date Incurred	Date Due Interest Rate Secured:
List All Endorsers or Guarantors (if any) to Loan Source	e
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)	

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)

Image# 13941452357						
SCHEDULE C (FEC Form 3) LOANS		Use separate schedule(s) for each category of the Detailed Summary Page				
NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS		Transaction	ID : SC/10.4977			
LOAN SOURCE Full Name (Last, First, Mic Dr. JOHN JAMES LAFERLA	ddle Initial)	Ele	ction: 2012 Primary General			
Mailing Address 209 BIRCH RUN ROAD			Other (specify) 🔻			
City	State ZIP Cod	de				
CHESTERTOWN	MD 21620					
Original Amount of Loan 3518.63	Cumulative Payment To	Date Balance 0	Outstanding at Close of This Period 3518.63			
TERMS Date Incurred	Date Due	Interest Rate	Secured:			
List All Endorsers or Guarantors (if any) t	o Loan Source		Yes No			
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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:	y 1			
SUBTOTALS This Period This Page (optional). TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3. Sci	/)		3518.63			

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)

Image# 13941452359						
SCHEDULE C (FEC For	m 3)			Use separate schedu		PAGE 37 OF 40
LOANS			for each category of Detailed Summary Pa	FOR LINE NUMBER: (check only one) X 13a 13b		
NAME OF COMMITTEE (In Full)	SS			Transa	iction II	D : SC/10.5123
LOAN SOURCE Full Name (La	st, First, Middle	e Initial)			Elect	tion: 2012
Dr. JOHN JAMES LAFE	ERLA					Primary General
Mailing Address 209 BIRCH RUN ROAD						Other (specify) 🔻
City	St	ate ZIP	Code	)	·	
CHESTERTOWN	ľ	MD 210	620			
Original Amount of Loan		Cumulative Paymen	it To D		lance O	utstanding at Close of This Period
10	0000.00	9		0.00		10000.00
TERMS Date Incurred		Date I	Due	Interest Ra	te	Secured:
M03 <sup>M</sup> / D29 <sup>D</sup> / Y Ž0	12 Y	M / D D /	ΎÌ	/1/20 Y 0.0		% (apr)
List All Endorsers or Guaranto	ors (if any) to L	oan Source				
1. Full Name (Last, First, Midd	le Initial)		1	Name of Employer		
Mailing Address			(	Occupation		
City	State	ZIP Code	- (	Amount Guaranteed Dutstanding:	7	· · · · · ·
2. Full Name (Last, First, Middle	e Initial)		1	Name of Employer		
Mailing Address			(	Occupation		
City	State	ZIP Code		Amount Guaranteed Dutstanding:	7	· · · · · ·
3. Full Name (Last, First, Middle	e Initial)		1	Name of Employer		
Mailing Address			(	Occupation		
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	7	· · · · · ·
4. Full Name (Last, First, Middle	e Initial)		1	Name of Employer		
Mailing Address			(	Occupation		
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	7	· · · · · ·
SUBTOTALS This Period This Pag						10000.00
Carry outstanding balance only to	LINE 3, Sched	ule D, for this line	e. If no	Schedule D, carry for	ward to	o appropriate line of Summary.

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)

Image# 13941452361			
SCHEDULE C (FEC Form 3) LOANS		Use separate schedule( for each category of the Detailed Summary Page	e (check only one) X 13a
NAME OF COMMITTEE (In Full) LAFERLA FOR CONGRESS		Transact	ion ID : SC/10.5767
LOAN SOURCE Full Name (Last, First, Middle II Dr. JOHN JAMES LAFERLA	nitial)	[PERSONAL FUNDS]	Election: 2012 Primary General
Mailing Address 209 BIRCH RUN ROAD			Other (specify)
City State	ZIP Cod	e	
CHESTERTOWN MD	21620		
Original Amount of Loan Cur 3000.00	nulative Payment To I	Date Balan 0.00	nce Outstanding at Close of This Period 3000.00
TERMS		hala wali Dala	
Date Incurred	Date Due	Ž/31/14 <sup>V</sup> 0.00	Secured: % (apr)
List All Endorsers or Guarantors (if any) to Loa	· · · · · ·		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZII	P Code	Amount Guaranteed Outstanding:	g
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZI	<sup>2</sup> Code	Amount Guaranteed Outstanding:	g
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZI	P Code	Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZI	P Code	Amount Guaranteed Outstanding:	y
SUBTOTALS This Period This Page (optional)			3000.00

mage# 13941452362									
CHEDULE C (FEC Form 3) OANS				for each ca	te schedule( tegory of the mmary Page	the (check only one)			
NAME OF COMMITTEE (IN FU	,				Transact	ion ID : SC/10	.5800		
LOAN SOURCE Full Nar Dr. JOHN JAMES I		ddle Initial)		[PERSONAL	FUNDSj	Election: 20 Primary X General	)12		
Mailing Address 209 BIRCH RUN ROAD							oecify) ▼		
City		State	ZIP Cod	le					
CHESTERTOWN		MD	21620						
Original Amount of Loan	10000 00	Cumulative	Payment To I		Balan	nce Outstandir			1.1
	10000.00		7 7	0.00			7	0000.00	)
TERMS Date Incur	red		Date Due	Ir	nterest Rate		Sec	ured:	
M 10 <sup>M</sup> / 22 <sup>D</sup> /	Ý Ž012 Ý	M M / D	D / Y12/	/31/2014 <sup>×</sup>	0.00	<b>%</b> (a	pr)	Yes	K No
List All Endorsers or Gu	arantors (if any) t	o Loan Sour	ce						
1. Full Name (Last, First,	Middle Initial)			Name of Empl	oyer				
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7			
2. Full Name (Last, First,	Middle Initial)			Name of Empl	oyer				
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7			
3. Full Name (Last, First,	Middle Initial)			Name of Empl	oyer				
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	1 1 /0		
4. Full Name (Last, First,	Middle Initial)			Name of Empl	oyer				
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9			
SUBTOTALS This Period Th	is Page (optional)						1	0000.00	)
TOTALS This Period (last pa	ge in this line only	/)					3	9018.63	3
Carry outstanding balance of	only to LINE 3. Sch	nedule D, for	this line. If n	o Schedule D.	carry forwa	ard to appror	oriate line o	f Sumn	nary.