

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
LAFERLA FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	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
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11560.68	19351.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	29750.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

LAFERLA FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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
(e) TOTAL CONTRIBUTIONS (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 (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	38147.33	43220.28

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11560.68	19427.45
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) ►	11560.68	24427.45

III. CASH SUMMARY

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Fouad Abbas

Mailing Address 7018 Rock Stream Court

City Baltimore State MD Zip Code 21209

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2013

Transaction ID : SA11AI.6200

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1700 K Street NW #300

City Washington State DC Zip Code 20006

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

Name of Employer Buchanan Ingersoll & Rooney Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2013

Transaction ID : SA11AI.6136

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Steve Anderton

Mailing Address 522 Lime Landing Rd

City Millington State MD Zip Code 21651

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

Name of Employer Millington Hardware Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2013

Transaction ID : SA11AI.6127

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Myron Arms
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 30
 City Cecilton State MD Zip Code 21913
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation Self employed writer
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.6221
 Amount of Each Receipt this Period
 500.00

B. Joan Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 28420 Catalpa Point Rd
 City Easton State MD Zip Code 21601
 FEC ID number of contributing federal political committee. C
 Name of Employer None Occupation Homemaker
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013
Transaction ID : SA11AI.6244
 Amount of Each Receipt this Period
 300.00

C. Randall Bellows
 Full Name (Last, First, Middle Initial)
 Mailing Address 6778 Burris Rd
 City Rock Hall State MD Zip Code 21661
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2013
Transaction ID : SA11AI.6096
 Amount of Each Receipt this Period
 300.00

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Garrett Bilmire

Mailing Address 4922 Augustine Herman Hwy

City Earleville State MD Zip Code 21919

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

Name of Employer APEC Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 01 / 2013

Transaction ID : SA11AI.6133

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Garrett Bilmire

Mailing Address 4922 Augustine Herman Hwy

City Earleville State MD Zip Code 21919

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

Name of Employer APEC Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2013

Transaction ID : SA11AI.6143

Amount of Each Receipt this Period
 250.00

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

Mailing Address 110 Birch Run Rd

City Chestertown State MD Zip Code 21620

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

Name of Employer None Occupation Not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : SA11AI.6085

Amount of Each Receipt this Period
 500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

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

Mailing Address 110 Birch Run Rd

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
None Not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 25 2013

Transaction ID : SA11AI.6113

Amount of Each Receipt this Period
25.00

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

Mailing Address 110 Birch Run Rd

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
None Not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2013

Transaction ID : SA11AI.6306

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
David Bowering

Mailing Address 209 Washington Ave

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2013

Transaction ID : SA11AI.6307

Amount of Each Receipt this Period
500.00

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

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

625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carol Cayo

Mailing Address 3855 Margits Lane

City State Zip Code
Trappe MD 21673

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

Name of Employer Occupation
Vertex Inc Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11AI.6417

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Amina Chaudhry

Mailing Address 31 N. Decker Ave

City State Zip Code
Baltimore MD 21224

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

Name of Employer Occupation
Johns Hopkins Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.6309

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Millie Chiu

Mailing Address 6853 Pentridge Court

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11AI.6421

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

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

Mailing Address 4772 Sailors Retreat Rd

City Oxford State MD Zip Code 21654

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

Name of Employer Univ of Maryland Occupation Oceanographer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2013

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Diana Conway

Mailing Address 10600 River Rd

City Potomac State MD Zip Code 20854

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2013

Transaction ID : SA11AI.6090

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
David Danner

Mailing Address 204 S. Hanson St

City Easton State MD Zip Code 21601

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

Name of Employer Chesapeake Pathology Associate Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2013

Transaction ID : SA11AI.6190

Amount of Each Receipt this Period
 300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Deborah Davis

Mailing Address 342 Fords Landing Lane

City Millington State MD Zip Code 21651

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

Name of Employer Chester River Health Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2013

Transaction ID : SA11A1.6151

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Susan Delean-Botkin

Mailing Address 202 Third Street

City Oxford State MD Zip Code 21654

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

Name of Employer Family Care of Easton Occupation Nurse Practitioner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2013

Transaction ID : SA11A1.6199

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Denton

Mailing Address 6855 Cookes Hope Rd

City Easton State MD Zip Code 21601

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

Name of Employer River Family Physicians Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11A1.6424

Amount of Each Receipt this Period
 250.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Janice Dickson

Mailing Address 215 Birch Run Rd

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 21 / 2013

Transaction ID : SA11AI.6158

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thomas Downs

Mailing Address 104 Dove Lane

City State Zip Code
Centreville MD 21617

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

Name of Employer Occupation
Self Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 28 / 2013

Transaction ID : SA11AI.6191

Amount of Each Receipt this Period
250.00

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

Mailing Address 85 Park Rd.

City State Zip Code
Chelmsford MA 01824

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

Name of Employer Occupation
Next Generation Child Care Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 03 / 2013

Transaction ID : SA11AI.6178

Amount of Each Receipt this Period
600.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Margery Ellsberg

Mailing Address 303 N. Queen Street

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Self Communications

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11AI.6298

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael Fadden

Mailing Address 5648 Mt. Holly Rd

City State Zip Code
East New Market MD 21631

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

Name of Employer Occupation
Maryland Healthy Weights LLC Medical Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11AI.6295

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James Franke

Mailing Address 7681 Woodland Circle

City State Zip Code
Easton MD 21601

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

Name of Employer Occupation
none none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : SA11AI.6125

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Judy Gifford

Mailing Address 12246 Locust Grove Rd

City Kennedyville State MD Zip Code 21645

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

Name of Employer Self Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11AI.6267

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Francesco Grasso

Mailing Address 1 Spring Knoll Court

City Timonium State MD Zip Code 21093

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2013

Transaction ID : SA11AI.6193

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Lawrence Griffith

Mailing Address 802 St. George's Rd

City Baltimore State MD Zip Code 21210

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

Name of Employer Johns Hopkins Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11AI.6245

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 40
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr David A Grimes

Mailing Address 7207 Grouper Court

City State Zip Code
Wilmington NC 28409

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

Name of Employer Occupation
University of North Carolina Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2013

Transaction ID : SA11AI.6207

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Hope Harrington

Mailing Address 7768 Ratcliffe Manor Lane

City State Zip Code
Easton MD 21601

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2013

Transaction ID : SA11AI.6100

Amount of Each Receipt this Period
500.00

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

Mailing Address 449 Heron Point

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Retired Economist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2013

Transaction ID : SA11AI.6238

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

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

Mailing Address 14006 Huyett Lane

City Galena State MD Zip Code 21635

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2013

Transaction ID : SA11AI.6239

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Shirley Hunt

Mailing Address 111 N. Queen Street

City Chestertown State MD Zip Code 21620

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

Name of Employer Self Occupation Nurse Tech

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2013

Transaction ID : SA11AI.6280

Amount of Each Receipt this Period
 700.00

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

Mailing Address PO Box 69

City Royal Oak State MD Zip Code 21662

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11AI.6134

Amount of Each Receipt this Period
 1000.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles Jolly

Mailing Address 13842 Gregg Neck

City Galena State MD Zip Code 21635

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

Name of Employer Baker, Donelso, Bearman, Caldw Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11AI.6420

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kevin Karpowicz

Mailing Address 6923 Hagy Road

City Rock Hall State MD Zip Code 21661

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

Name of Employer Johns Hopkins Comm Physicians Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11AI.6289

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Diane Kilduff

Mailing Address 4671 Ferry Neck Rd

City Royal Oak State MD Zip Code 21662

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2013

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Sal LaFerla

Mailing Address 52004 Florinada Bay

City State Zip Code
Boynton Beach FL 33436

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2013

Transaction ID : SA11AI.6425

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Linda Marshall

Mailing Address 27 Gina Lane

City State Zip Code
Elkton MD 21921

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

Name of Employer Occupation
Retired - General Motors Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
316.33

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2013

Transaction ID : SA11AI.6426

Amount of Each Receipt this Period
291.33

In-kind - office supplies to print materials and signs

C. Full Name (Last, First, Middle Initial)
Noah McCormack

Mailing Address 983 Memorial Drive #402

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
none none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2013

Transaction ID : SA11AI.6269

Amount of Each Receipt this Period
250.00

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

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

1541.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frances Miller

Mailing Address 221 Birch Run Rd

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2013

Transaction ID : SA11AI.6187

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Russell Moy

Mailing Address 1103 Walnutwood Rd

City State Zip Code
Hunt Valley MD 21030

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

Name of Employer Occupation
State of Maryland Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2013

Transaction ID : SA11AI.6208

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Antonio Nelson

Mailing Address PO Box 346

City State Zip Code
Upper Marlboro MD 20773

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

Name of Employer Occupation
American Radiology Associates Radiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 25 / 2013

Transaction ID : SA11AI.6152

Amount of Each Receipt this Period
 1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frances C Nyce

Mailing Address 121 Smith Ave

City Westminster State MD Zip Code 21157

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013

Transaction ID : SA11AI.6179

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 350.00

B. Full Name (Last, First, Middle Initial)
Katherine Pagano

Mailing Address 210 David Drive

City Chestertown State MD Zip Code 21620

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

Name of Employer Private Practice Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2013

Transaction ID : SA11AI.6146

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Brendon Paltoo

Mailing Address 7444 Jeffreys Way

City Easton State MD Zip Code 21601

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.6423

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Michael Peimer

Mailing Address 8774 Orchard Dr

City Chestertown State MD Zip Code 21620

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11AI.6303

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr Melvin Rapelyea

Mailing Address 17 Bayside Blvd

City Betterton State MD Zip Code 21610

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : SA11AI.6082

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6860 Pentridge Ct

City Chestertown State MD Zip Code 21620

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11AI.6247

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marty Saulenas		Date of Receipt MM / DD / YYYY 06 / 19 / 2013
Mailing Address 22681 Bella Rita Circle		Transaction ID : SA11AI.6235
City Boca Raton	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Sunbeam	Occupation not supplied	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Lawrence Schroth Jr		Date of Receipt MM / DD / YYYY 06 / 19 / 2013
Mailing Address 213 Radcliffe Dr		Transaction ID : SA11AI.6236
City Chestertown	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Not employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Mark C Stover		Date of Receipt MM / DD / YYYY 04 / 22 / 2013
Mailing Address 4712 Falcon St		Transaction ID : SA11AI.6088
City Rockville	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

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

Mailing Address 24046 Macs Lane

City Worton State MD Zip Code 21678

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2013

Transaction ID : SA11AI.6126

Amount of Each Receipt this Period
500.00

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

Mailing Address 63 French Rd

City Gilmantown State NH Zip Code 03237

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

Name of Employer None Occupation none

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2013

Transaction ID : SA11AI.6271

Amount of Each Receipt this Period
250.00

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

Mailing Address 5317 Sixty Foot Rd

City Parsonburg State MD Zip Code 21849

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

Name of Employer none Occupation not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2013

Transaction ID : SA11AI.6102

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Adam Weinstein

Mailing Address 411 Wallman Way

City State Zip Code
Stevensville MD 21666

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2013

Transaction ID : SA11AI.6197

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kin K Wun

Mailing Address 113 Manor Ave

City State Zip Code
Chestertown MD 11620

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.6255

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

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

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Keauna Gregory		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 3100 Spring Hill Pkwy SE # B		Amount of Each Disbursement this Period 660.00 Transaction ID : SB17.6363
City Smyrna	State GA	
Zip Code 30080	Purpose of Disbursement Campaign management services	Category/ Type 001
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) B. Keauna Gregory		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 3100 Spring Hill Pkwy SE # B		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6377
City Smyrna	State GA	
Zip Code 30080	Purpose of Disbursement Campaign management services	Category/ Type 001
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) c. Keauna Gregory		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2013
Mailing Address 3100 Spring Hill Pkwy SE # B		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6385
City Smyrna	State GA	
Zip Code 30080	Purpose of Disbursement Campaign management services	Category/ Type 001
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

SUBTOTAL of Disbursements This Page (optional).....	4660.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Keauna Gregory		Date of Disbursement MM / DD / YYYY 06 / 18 / 2013
Mailing Address 3100 Spring Hill Pkwy SE # B		Amount of Each Disbursement this Period 247.96 Transaction ID : SB17.6391
City Smyrna	State GA	
Zip Code 30080	Purpose of Disbursement Reimbursements see memo	Category/ Type 001
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) B. Mr. Lawrence LaFerla		Date of Disbursement MM / DD / YYYY 04 / 02 / 2013
Mailing Address 83 Montgomery Street		Amount of Each Disbursement this Period 645.00 Transaction ID : SB17.6416
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement website maintenance	Category/ Type 004
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) c. Mr. Lawrence LaFerla		Date of Disbursement MM / DD / YYYY 05 / 13 / 2013
Mailing Address 83 Montgomery Street		Amount of Each Disbursement this Period 1222.50 Transaction ID : SB17.6365
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement Website maintenance	Category/ Type 004
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2115.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Main Street Business Solutions Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013
Mailing Address 102 Chester Village		Amount of Each Disbursement this Period 584.35 Transaction ID : SB17.6340
City Chester	State MD	
Zip Code 21619	Purpose of Disbursement Compliance consultant	Category/ Type 001
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) B. Linda Marshall		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 27 Gina Lane		Amount of Each Disbursement this Period 291.33 Transaction ID : SB17.6429
City Elkton	State MD	
Zip Code 21921	Purpose of Disbursement In-kind - office supplies to print materials and signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Pay Pal		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 445.53 Transaction ID : SB17.6412
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement payment processing fees for the quarter	Category/ Type 003
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1321.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Salsa Labs		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address PO Box 674533		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.6362
City Detroit	State MI	
Zip Code 48267	Purpose of Disbursement Website	Category/ Type 004
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 10645 Howard Johnson Rd		Amount of Each Disbursement this Period 75.79 Transaction ID : SB17.6361
City Millington	State MD	
Zip Code 21651	Purpose of Disbursement travel	Category/ Type 002
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2013
Mailing Address 10645 Howard Johnson Rd		Amount of Each Disbursement this Period 64.89 Transaction ID : SB17.6408
City Millington	State MD	
Zip Code 21651	Purpose of Disbursement travel	Category/ Type 002
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

SUBTOTAL of Disbursements This Page (optional).....	190.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 615.41 Transaction ID : SB17.6351
City Columbia	State MD Zip Code 21044	
Purpose of Disbursement Campaign Finance consultant	Category/Type 003	
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) B. Joseph Volpe		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013
Mailing Address 11 Kelton Court		Amount of Each Disbursement this Period 315.00 Transaction ID : SB17.6339
City Albany	State NY Zip Code 12209	
Purpose of Disbursement website maintenance	Category/Type 003	
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) c. Joseph Volpe		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 11 Kelton Court		Amount of Each Disbursement this Period 157.50 Transaction ID : SB17.6353
City Albany	State NY Zip Code 12209	
Purpose of Disbursement Website maintenance	Category/Type 003	
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1087.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Young Democrats of Maryland		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2013
Mailing Address PO Box 853		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6400
City Annapolis State MD Zip Code 21404	Purpose of Disbursement Event tickets 007 Category/Type	
Candidate Name LAFERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

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

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

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	9625.26

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4175

LAFERLA FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

Dr. JOHN JAMES LAFERLA

Primary

General

Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

M 12 / D 30 / Y 2011

Date Due

M / D / Y 11/11/12

Interest Rate

0.00 % (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2500.00

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

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.4175

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

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

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

City State ZIP Code
 CHESTERTOWN MD 21620

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M 02 / D 13 / Y 2012	Date Due M / D / Y 1/1/20	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.4628

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

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

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

City	State	ZIP Code
CHESTERTOWN	MD	21620

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 12 / 2012	1/1/20	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	▶	3518.63
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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

Form/Schedule: SC/10

Transaction ID : SC/10.4977

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

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial)
Dr. JOHN JAMES LAFERLA

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
209 BIRCH RUN ROAD

City State ZIP Code
CHESTERTOWN MD 21620

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 03 / D 29 / Y 2012
Date Due: M / D / Y 1/1/20
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

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

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

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

Form/Schedule: SC/10

Transaction ID : SC/10.5123

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

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5767

LAFERLA FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

Dr. JOHN JAMES LAFERLA

Primary

General

Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

10

05

2012

12/31/14

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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)
LOANS**

NAME OF COMMITTEE (In Full) **LAFERLA FOR CONGRESS** Transaction ID : **SC/10.5800**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Dr. JOHN JAMES LAFERLA
 Primary
 General
 Other (specify) ▼

Mailing Address
 209 BIRCH RUN ROAD
 City State ZIP Code
 CHESTERTOWN MD 21620

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS
 Date Incurred: M 10 / D 22 / Y 2012
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

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