

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
LaFerla for Congress

ADDRESS (number and street) 209 Birch Run Road
PO Box 832
 Check if different than previously reported. (ACC) Chestertown MD 21620

2. **FEC IDENTIFICATION NUMBER** C C00507335 CITY STATE ZIP CODE STATE DISTRICT
 IS THIS REPORT NEW (N) OR AMENDED (A) MD 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2014 through M M / D D / Y Y Y Y 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. JOHN JAMES DR James LA FERLA

Signature of Treasurer Dr. JOHN JAMES DR James LA FERLA *[Electronically Filed]* Date M M / D D / Y Y Y Y 10 / 15 / 2014

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
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))....	4542.20	4542.20
(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)).....	4542.20	4542.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6159.47	6159.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	131.00	131.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6028.47	6028.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	17608.22	
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).....	0.00	

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).....	3000.00	3000.00
(ii) Unitemized.....	1542.20	1542.20
(iii) TOTAL of contributions from individuals ▶	4542.20	4542.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4542.20	4542.20
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.)	131.00	131.00
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)..... ▶	4673.20	4673.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6159.47	6159.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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) ►	6159.47	6159.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19094.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4673.20
25. SUBTOTAL (add Line 23 and Line 24).....	23767.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6159.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17608.22

**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 8
	<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. Margaret Allen
Full Name (Last, First, Middle Initial)
Mailing Address 311 Broxton Rd.
City Baltimore State MD Zip Code 21212
FEC ID number of contributing federal political committee. C
Name of Employer AGM Financial Services Occupation Mortgage Banker
Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 500.00

Date of Receipt 08 / 18 / 2014
Transaction ID : SA11AI.4110
Amount of Each Receipt this Period 500.00
Donation via ActBlue

B. Eric J. Chandler
Full Name (Last, First, Middle Initial)
Mailing Address 5710 Poplar Ln
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 500.00

Date of Receipt 08 / 04 / 2014
Transaction ID : SA11AI.4124
Amount of Each Receipt this Period 500.00
Donation via Check

C. Christian Havermeyer
Full Name (Last, First, Middle Initial)
Mailing Address 24031 Walnut Point Rd
City Chestertown State MD Zip Code 21620
FEC ID number of contributing federal political committee. C
Name of Employer Self Occupation Investor
Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date 500.00

Date of Receipt 09 / 05 / 2014
Transaction ID : SA11AI.4136
Amount of Each Receipt this Period 500.00
Personal Check

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: (check only one)	PAGE 6 OF 8
	<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)
Philip Perkins

Mailing Address 311 Broxton Rd

City Baltimore State MD Zip Code 21212

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

Name of Employer AGM Financial Services Occupation Mortgage Banker

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
 08 / 18 / 2014

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period
500.00

Donation via ActBlue

B. Full Name (Last, First, Middle Initial)
Stephen Sinatra

Mailing Address 257 East Center St.

City Manchester State CT Zip Code 60401

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
1000.00

Donated via Votesane PAC

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).....

1500.00

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8			
	<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. Lake Research Partners			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2014	
Mailing Address 1726 M Street NW Suite 1100			Amount of Each Disbursement this Period 2000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SB17.4153	
Purpose of Disbursement Polling		Category/ Type 005		
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) B. Lake Research Partners			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 1726 M Street NW Suite 1100			Amount of Each Disbursement this Period 1878.80	
City Washington	State DC	Zip Code 20036	Transaction ID : SB17.4157	
Purpose of Disbursement Polling -- final payment		Category/ Type 005		
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. Maccabee Group			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2014	
Mailing Address 8801 Transue Dr.			Amount of Each Disbursement this Period 1000.00	
City Bethesda	State MD	Zip Code 20817	Transaction ID : SB17.4150	
Purpose of Disbursement Opposition Research		Category/ Type 001		
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:				

SUBTOTAL of Disbursements This Page (optional).....	4878.80
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 8 OF 8	
	<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. The Maccabee Group		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 8801 Transue Dr.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4144
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Opposition Research	Category/ Type 001
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) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	5878.80