

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) LaFerla for Congress
104 Spring Ave. #832
 Check if different than previously reported. (ACC) Chestertown MD 21620

2. **FEC IDENTIFICATION NUMBER** C C00507335 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
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 MM / DD / YYYY in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
01 / 01 / 2014 through 03 / 31 / 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 Frances Miller
Signature of Treasurer Frances Miller *[Electronically Filed]* Date MM / DD / YYYY
04 / 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.

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))....	<input type="text" value="70615.15"/>	<input type="text" value="216424.41"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="70615.15"/>	<input type="text" value="216424.41"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="52572.92"/>	<input type="text" value="153791.95"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="235.25"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="52572.92"/>	<input type="text" value="153556.70"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="66088.04"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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).....	60773.24	176292.77
(ii) Unitemized.....	9841.91	39131.64
(iii) TOTAL of contributions from individuals ▶	70615.15	215424.41
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	70615.15	216424.41
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	235.25
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)..... ▶	70615.15	216659.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52572.92	153791.95
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	1617.08
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	52572.92	155409.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	48045.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	70615.15
25. SUBTOTAL (add Line 23 and Line 24).....	118660.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52572.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	66088.04

**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 114
	<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

Full Name (Last, First, Middle Initial) A. Fouad Abbas		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 3000 Stone Cliff Dr Unit 311		Transaction ID : VN8Z2C6V2P0
City Baltimore State MD Zip Code 21209-3782	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Sinai Hospital of Baltimore	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. Ronald D Abramson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1700 K St NW Ste 300		Transaction ID : VN8Z2CG7YB4
City Washington State DC Zip Code 20006-3807	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Buchanan Ingersoll & Rooney	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Joseph Adams		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 1405 Berwick Rd		Transaction ID : VN8Z2C27AN1
City Towson State MD Zip Code 21204-6509	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Turning Point Clinic	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	1600.00

**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 114
	<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)
Margaret Allen

Mailing Address 311 Broxton Rd

City Baltimore State MD Zip Code 21212-3532

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

Name of Employer AGM Financial Services, Inc Occupation Mortgage Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8Z2CGHBC1

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
H. F. Andersen

Mailing Address 5114 23rd Ave W

City Everett State WA Zip Code 98203-1525

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

Name of Employer Physician Occupation Providence Health Systems

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : VN8Z2CGBCV4

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Winifred and James D Anderson

Mailing Address 9559 Chantilly Farm Ln

City Chestertown State MD Zip Code 21620-4228

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
02 / 19 / 2014

Transaction ID : VN8Z2C98GH5

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 114
	<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)
Steve & Cindy Anderton

Mailing Address 522 Lime Landing Rd

City Millington State MD Zip Code 21651-1608

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

Name of Employer Millington Hardware, Inc Occupation owners

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8Z2CGHG30

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Myron Arms

Mailing Address PO Box 30

City Cecilton State MD Zip Code 21913-0030

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8Z2CGB658

Amount of Each Receipt this Period
500.00

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

Mailing Address 117 N Water St Apt 6

City Chestertown State MD Zip Code 21620-1540

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

Name of Employer Doug Ashley Realtors Occupation Real Estate Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8Z2CGKKP3

Amount of Each Receipt this Period
250.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 114
	<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)
Fred Arujo

Mailing Address 100 Brown St

City State Zip Code
Chestertown MD 21620-1435

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

Name of Employer Occupation
Chestertown Pediatrics Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : VN8Z2C66405

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Douglas Ashley

Mailing Address 227 1/2 High St

City State Zip Code
Chestertown MD 21620-1517

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

Name of Employer Occupation
Doug Ashley REALTORS, LLC Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : VN8Z2C3GJJ0

Amount of Each Receipt this Period
250.00

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

Mailing Address 13614 Verde Dr

City State Zip Code
Palm Beach Gardens FL 33410-1240

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

Name of Employer Occupation
Retired Surgeon

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
02 / 28 / 2014

Transaction ID : VN8Z2CAKZ51

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 114
	<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)
Margie Baker

Mailing Address 220 Calvert St

City State Zip Code
Chestertown MD 21620-1302

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : VN8Z2C3P4P8

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mayer M. Baker

Mailing Address 7332 Brightside Rd

City State Zip Code
Baltimore MD 21212-1011

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

Name of Employer none Occupation writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 23 / 2014

Transaction ID : VN8Z2C2KXG7

Amount of Each Receipt this Period
250.00

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

Mailing Address 3934 Cloverhill Rd

City State Zip Code
Baltimore MD 21218-1707

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
02 / 18 / 2014

Transaction ID : VN8Z2C8VKK5

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 114
	<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)
Richard Bearman

Mailing Address 102 Glenburn Ave

City State Zip Code
Cambridge MD 21613-1528

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

Name of Employer Occupation
Go-Getters, Inc Mental Health administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : VN8Z2CGCAA3

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Amy L Beckett

Mailing Address 747 Sligo Ave

City State Zip Code
Silver Spring MD 20910-4729

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

Name of Employer Occupation
Passman & Kaplan Attorneys at Law LLC Senior Associate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : VN8Z2CE3GZ7

Amount of Each Receipt this Period
250.00

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

Mailing Address 16818 Falls Rd

City State Zip Code
Upperco MD 21155-9444

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

Name of Employer Occupation
Fowley & Beckley P.A. attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : VN8Z2C7B0M5

Amount of Each Receipt this Period
350.00

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

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

700.00

**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 114
	<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)
Norma Berlin

Mailing Address **PO Box 898**

City **Saint Michaels** State **MD** Zip Code **21663-0898**

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

Name of Employer **Not Employed** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : VN8Z2C9Y0M0

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Patricia Berman

Mailing Address **21174 Hamlin Dr**

City **Boca Raton** State **FL** Zip Code **33433-7433**

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : VN8Z2C60K57

Amount of Each Receipt this Period
250.00

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

Mailing Address **3737 Ashley Way**

City **Owings Mills** State **MD** Zip Code **21117-1429**

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

Name of Employer **Not Employed** Occupation **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
02 / 24 / 2014

Transaction ID : VN8Z2C9Y2F4

Amount of Each Receipt this Period
250.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 114
	<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)
David Bingham

Mailing Address 50 White Birch Rd

City Salem State CT Zip Code 06420-3918

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

Name of Employer Not Employed 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
 03 / 07 / 2014

Transaction ID : VN8Z2CBRK58

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Martin Birnbaum

Mailing Address 372 Central Park W Apt 14M

City New York State NY Zip Code 10025-8209

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

Name of Employer Retired Occupation Psychiatric Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : VN8Z2CFMDR1

Amount of Each Receipt this Period
200.00

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

Mailing Address 209 Washington Ave

City Chestertown State MD Zip Code 21620

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **764.13**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : VN8Z2CHHDZ6

Amount of Each Receipt this Period
264.13

* In-Kind: Supplies for house party

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

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

714.13

**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 114
	<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)
Frank Brennan MD

Mailing Address 217 Tyler Ave

City State Zip Code
St Michaels MD 21663-2639

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

Name of Employer Occupation
Shore Radiology Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : VN8Z2CJJTR8

Amount of Each Receipt this Period
200.00

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

Mailing Address 23956 Walnut Point Rd

City State Zip Code
Chestertown MD 21620-5235

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

Name of Employer Occupation
Washington College Professor of Philosophy

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 Y
 03 / 12 / 2014

Transaction ID : VN8Z2CCMPG2

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Robert Leon Bryan Jr.

Mailing Address 13761 Shallcross Wharf Rd

City State Zip Code
Kennedyville MD 21645-3439

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

Name of Employer Occupation
Self Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : VN8Z2C3G691

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 114
	<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)
Roger Bulger MD

Mailing Address 12505 Grey Fox Ln

City Potomac State MD Zip Code 20854-1903

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : VN8Z2CERX63

Amount of Each Receipt this Period
500.00

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

Mailing Address 4 E 70th St

City New York State NY Zip Code 10021-5193

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

Name of Employer Emerald Development Managers LP Occupation Lawyer

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
 02 / 28 / 2014

Transaction ID : VN8Z2CANKJ4

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joan K Cassidy

Mailing Address 414 Harmony Way

City Centreville State MD Zip Code 21617-2493

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2014

Transaction ID : VN8Z2C98GT7

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: PAGE 15 OF 114
(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)
Scott T. Chatham MD

Mailing Address 405 5th Street PI NE

City Conover State NC Zip Code 28613-1755

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

Name of Employer Catawba Women's Center Occupation Physician (OB/GYN)

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : VN8Z2C8RBT8

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mary Cleveland

Mailing Address 20 W 72nd St
Apt 506

City New York State NY Zip Code 10023-4100

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

Name of Employer Columbia University SIPA Occupation Adjunct Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2014

Transaction ID : VN8Z2C3SXD3

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Diana and William Conway

Mailing Address 10600 River Rd

City Potomac State MD Zip Code 20854-4165

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

Name of Employer Not Employed Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : VN8Z2CB6T00

Amount of Each Receipt this Period
 100.00

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

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

450.00

**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 114
	<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)
Susan N Conway

Mailing Address 1520 Camden Ave

City Salisbury State MD Zip Code 21801-7137

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

Name of Employer Self-employed Occupation Tutor

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
 03 / 23 / 2014

Transaction ID : VN8Z2CF58R2

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Matthew Davis

Mailing Address 625 N Segoe Rd
Unit 507

City Madison State WI Zip Code 53705-3196

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

Name of Employer Not Employed Occupation Retired Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : VN8Z2CBNYB4

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Christine De Fontenay

Mailing Address 7008 Kenhill Rd

City Bethesda State MD Zip Code 20817-6111

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

Name of Employer Not Employed 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
 01 / 20 / 2014

Transaction ID : VN8Z2C282Q7

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 17 OF 114
	<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)
Mark S. DeFrancesco MD

Mailing Address 35 Terrell Farm Pl

City Cheshire State CT Zip Code 06410-2910

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

Name of Employer Women's Health Connecticut Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2014

Transaction ID : VN8Z2C2K1H6

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Fredrick W. Delboy MD

Mailing Address 22458 Fairgale Farm Ln

City Chestertown State MD Zip Code 21620-4000

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

Name of Employer Chestertown Family Practice 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
03 / 31 / 2014

Transaction ID : VN8Z2CH2B34

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 Windermere Ct

City Rockville State MD Zip Code 20852-3535

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

Name of Employer KL Gates LLP Occupation Lawyer

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
03 / 28 / 2014

Transaction ID : VN8Z2CG76X5

Amount of Each Receipt this Period
500.00

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

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

900.00

**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 114
	<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 Denton

Mailing Address 2764 Whitehaven Rd

City State Zip Code
Quantico MD 21856-2507

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
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014

Transaction ID : VN8Z2CBZE44

Amount of Each Receipt this Period
200.00

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

Mailing Address 6855 Cookes Hope Rd

City State Zip Code
Easton MD 21601-8303

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

Name of Employer Occupation
Anne Arundel Physicians Group Family Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : VN8Z2CGH2M5

Amount of Each Receipt this Period
100.00

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

Mailing Address 51 Clifton St

City State Zip Code
Belmont MA 02478-3353

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

Name of Employer Occupation
MIT Professor

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
 03 / 31 / 2014

Transaction ID : VN8Z2CGZV91

Amount of Each Receipt this Period
250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 114
	<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)
Janice Dickson

Mailing Address 215 Birch Run Rd

City State Zip Code
Chestertown MD 21620-1639

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : VN8Z2CAK589

Amount of Each Receipt this Period
100.00

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

Mailing Address 104 Dove Ln

City State Zip Code
Centreville MD 21617-2333

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

Name of Employer Occupation
Self-employed Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : VN8Z2CDDX96

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
H. Scott Duncan

Mailing Address 6313 Cherry Walk Rd

City State Zip Code
Hebron MD 21830-2154

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
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : VN8Z2C3G677

Amount of Each Receipt this Period
200.00

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

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

550.00

**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 114
	<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 Dutton

Mailing Address 24040 Cliff Drive Ext

City Worton State MD Zip Code 21678-1323

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

Name of Employer Not Employed 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
 03 / 25 / 2014

Transaction ID : VN8Z2CFD2R2

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Francine D Dykes

Mailing Address 893 Barton Woods Rd NE

City Atlanta State GA Zip Code 30307-1305

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
 03 / 17 / 2014

Transaction ID : VN8Z2CE3GA1

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Teresa Eckhart MD

Mailing Address 160 S Grandview Ave

City Dubuque State IA Zip Code 52003-7223

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

Name of Employer Dubuque OBGYN 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
 01 / 22 / 2014

Transaction ID : VN8Z2C2JGB2

Amount of Each Receipt this Period
 100.00

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

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

550.00

**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 114
	<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)
Jan Eliassen

Mailing Address 912 N Meadowview Dr

City State Zip Code
Chestertown MD 21620-3304

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

Name of Employer Occupation
Ad Hoc Associates Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : VN8Z2C9Y2J7

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Margery Elsberg

Mailing Address 303 N Queen St

City State Zip Code
Chestertown MD 21620-1629

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

Name of Employer Occupation
Self-Employed Communications Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2550.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : VN8Z2C9E6Q9

Amount of Each Receipt this Period
500.00

* In-Kind: Presentation Coaching

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

Mailing Address 5915 Desert View Dr

City State Zip Code
La Jolla CA 92037-7245

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

Name of Employer Occupation
Not Employed 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
 02 / 28 / 2014

Transaction ID : VN8Z2CAJP48

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 114
	<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)
Senait Fisseha

Mailing Address 1500 E Medical Center Dr

City Ann Arbor State MI Zip Code 48109-5000

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

Name of Employer Univ of Michigan Health System Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : VN8Z2CC3DD5

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
William G Fitzhugh MD

Mailing Address 3816 Old Gun Rd W

City Midlothian State VA Zip Code 23113-2020

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

Name of Employer Modern Woman Clinic Occupation OB/GYN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : VN8Z2C6TV83

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 607 E 34th St

City Baltimore State MD Zip Code 21218-2904

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : VN8Z2CDAH32

Amount of Each Receipt this Period
 200.00

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

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

1700.00

**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 23 OF 114	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
Howard Freedlander

Mailing Address 108 Brookletts Ave

City Easton State MD Zip Code 21601-2904

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

Name of Employer The Artemis Group Occupation Senior Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 30 / 2014

Transaction ID : VN8Z2CJJTP2

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Elaine Freeman

Mailing Address 1026 Rolandvue Rd

City Ruxton State MD Zip Code 21204-6815

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : VN8Z2CHXXR7

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Charlton G Friedberg

Mailing Address 6 Roland Mews

City Baltimore State MD Zip Code 21210-1560

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

Name of Employer Not Employed Occupation 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
03 / 04 / 2014

Transaction ID : VN8Z2CB49E1

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 114
	<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)
Neal M Friedlander MD

Mailing Address 1320 Bolton St

City Baltimore State MD Zip Code 21217-4101

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

Name of Employer Greater Baltimore Medical Center Occupation Physician

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
03 / 31 / 2014

Transaction ID : VN8Z2CGHJQ1

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mark Fruiterman

Mailing Address 723 Waldens Pond Rd

City Albany State NY Zip Code 12203-6006

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

Name of Employer The Endocrine Group LLP Occupation Physician

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
02 / 18 / 2014

Transaction ID : VN8Z2C933M1

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Reverand Barbara H. Gadon

Mailing Address 7789 Charing Square Ln

City Saint Louis State MO Zip Code 63119-5419

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

Name of Employer Eliot Unitarian Chapel Occupation Clergy-Unitarian Universalist

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
03 / 28 / 2014

Transaction ID : VN8Z2CG3Y46

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: PAGE 25 OF 114
(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)
Leaming and Maarja J Gandy

Mailing Address 13700 Olivet Rd

City Lusby State MD Zip Code 20657-2655

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : VN8Z2CDDQT8

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Lena Gill

Mailing Address 26210 Ingleton Ct W

City Easton State MD Zip Code 21601-5048

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : VN8Z2CF6VB7

Amount of Each Receipt this Period
 100.00

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

Mailing Address 7611 Chestnut Ave

City Bowie State MD Zip Code 20715-4510

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

Name of Employer Venable LLP Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : VN8Z2CA8BG1

Amount of Each Receipt this Period
 250.00

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

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

550.00

**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 26 OF 114
	<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)
Bobette Gorden

Mailing Address 2248 S Forest Ave

City State Zip Code
Tempe AZ 85282-2145

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

Name of Employer Occupation
Influence at Work Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : VN8Z2CE88N8

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Andrea Jill Grant

Mailing Address 15101 Springfield Rd

City State Zip Code
Darnestown MD 20874-3413

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

Name of Employer Occupation
DLA Piper Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 21 / 2014

Transaction ID : VN8Z2C2G343

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Marian and Philip Griffiths

Mailing Address 9326 N Bayview Ave

City State Zip Code
Chestertown MD 21620-4307

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
474.24

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : VN8Z2CGPXW4

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 27 OF 114
	<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)
Marian and Philip Griffiths

Mailing Address 9326 N Bayview Ave

City Chestertown State MD Zip Code 21620-4307

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **474.24**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8Z2CHHDH5

Amount of Each Receipt this Period
124.24

* In-Kind: Supplies for house party

B. Full Name (Last, First, Middle Initial)
Seth Grimes

Mailing Address 7300 Willow Ave

City Takoma Park State MD Zip Code 20912-4321

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

Name of Employer Alta Plana Corporation Occupation management consultant

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
03 / 01 / 2014

Transaction ID : VN8Z2CAPB21

Amount of Each Receipt this Period
250.00

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

Mailing Address 823 Holly Dr E

City Annapolis State MD Zip Code 21409-5517

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

Name of Employer Maslow Media Group Occupation Multi-Media Specialist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : VN8Z2C8PCN8

Amount of Each Receipt this Period
200.00

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

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

574.24

**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 28 OF 114
	<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)
Elizabeth Gross

Mailing Address 409 Mallard Ct

City Chestertown State MD Zip Code 21620-1246

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
 03 / 29 / 2014

Transaction ID : VN8Z2CGCGV8

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Robert J. Hall

Mailing Address 17671 Irvine Blvd Ste 103

City Tustin State CA Zip Code 92780-3128

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
 02 / 27 / 2014

Transaction ID : VN8Z2CAAS73

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mildred S Hanson MD

Mailing Address 710 E 24th St Ste 403

City Minneapolis State MN Zip Code 55404-3827

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

Name of Employer Planned Parenthood Occupation Medical Director (semi-retired)

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : VN8Z2C8PC52

Amount of Each Receipt this Period
 200.00

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

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

1200.00

**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 29 OF 114
	<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)
Hope and Anthony S Harrington

Mailing Address **7768 Ratcliff Manor Rd**

City **Easton** State **MD** Zip Code **21601-7432**

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

Name of Employer **Albright Stonebridge Group** Occupation **Chair of Managing Board**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 08 / 2014

Transaction ID : VN8Z2CBYGT3

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Kenneth Haslam MD

Mailing Address **2701 Pickett Rd**
Apt 2021

City **Durham** State **NC** Zip Code **27705-5648**

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

Name of Employer **Retired** Occupation **Sex Educator - 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
02 / 18 / 2014

Transaction ID : VN8Z2C8WAY1

Amount of Each Receipt this Period
200.00

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

Mailing Address **24031 Walnut Point Rd**

City **Chestertown** State **MD** Zip Code **21620-5238**

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

Name of Employer **self** Occupation **Philanthropist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : VN8Z2CFM1M4

Amount of Each Receipt this Period
500.00

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

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

1200.00

**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 30 OF 114
	<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)
Richard B. Hawkins

Mailing Address **PO Box 490**
6577 Elizabets Lane

City **Rock Hall** State **MD** Zip Code **21661-0490**

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
200.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 23 / 2014

Transaction ID : VN8Z2C2KY04

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Barbara Heatly

Mailing Address **120 South St**

City **Easton** State **MD** Zip Code **21601-2935**

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

Name of Employer **Not Employed** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : VN8Z2C3G5Y6

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Frederick J Hebdon

Mailing Address **5207 Heron Rd**

City **Cambridge** State **MD** Zip Code **21613-3573**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : VN8Z2C2G3G8

Amount of Each Receipt this Period
100.00

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

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

300.00

**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 31 OF 114
	<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 Hering

Mailing Address 110 Bank St SE

City Minneapolis State MN Zip Code 55414-3901

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

Name of Employer Health Partners Riverside Clinic Occupation OB-GYN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2014

Transaction ID : VN8Z2CAW6Q4

Amount of Each Receipt this Period
 500.00

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

Mailing Address 14006 Huyett Ln

City Galena State MD Zip Code 21635-1203

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 06 / 2014

Transaction ID : VN8Z2BXN437

Amount of Each Receipt this Period
 500.00

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

Mailing Address 660 Americana Dr Apt 56

City Annapolis State MD Zip Code 21403-3120

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

Name of Employer ROBERT HERMAN M.D. LLC Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 09 / 2014

Transaction ID : VN8Z2C708Z1

Amount of Each Receipt this Period
 350.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 114
	<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)
Elena Hernandez Bodin

Mailing Address 109 Lance Ct

City Elkton State MD Zip Code 21921-7255

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : VN8Z2CAK2Z5

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Peter Hinze

Mailing Address 6401 Rock Forest Dr Apt 302

City Bethesda State MD Zip Code 20817-7905

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

Name of Employer GexCon US Occupation Managing Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : VN8Z2C5GPE9

Amount of Each Receipt this Period
250.00

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

Mailing Address 1501 S 80th St

City Omaha State NE Zip Code 68124-1423

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : VN8Z2CF62T1

Amount of Each Receipt this Period
1000.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 114
	<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)
Masha Howes

Mailing Address 10611 Topsfield Dr

City State Zip Code
Cockeysville MD 21030-2641

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
273.41

Date of Receipt
 M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : VN8Z2C2GEN0

Amount of Each Receipt this Period
14.84

* In-Kind: Supplies for house party

B. Full Name (Last, First, Middle Initial)
Masha Howes

Mailing Address 10611 Topsfield Dr

City State Zip Code
Cockeysville MD 21030-2641

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
273.41

Date of Receipt
 M M / D D / Y Y Y Y
01 / 09 / 2014

Transaction ID : VN8Z2C2GER4

Amount of Each Receipt this Period
108.57

* In-Kind: Supplies for house party

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

Mailing Address 2701 Pickett Rd
Apt 2021

City State Zip Code
Durham NC 27705-5648

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : VN8Z2C8WAV7

Amount of Each Receipt this Period
1000.00

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

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

1123.41

**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 34 OF 114
	<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)
Elizabeth B. Hughes

Mailing Address 2791 NY State Rd
12B

City Deansboro State NY Zip Code 13328

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : VN8Z2CBADT0

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Ed Hugler

Mailing Address 200 S Water St

City Chestertown State MD Zip Code 21620-1534

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

Name of Employer Us Department Of Labor Occupation Executive Management

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
02 / 05 / 2014

Transaction ID : VN8Z2C67AD7

Amount of Each Receipt this Period
250.00

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

Mailing Address 111 N Queen St

City Chestertown State MD Zip Code 21620-1519

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : VN8Z2C679T7

Amount of Each Receipt this Period
700.00

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

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

1700.00

**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 35 OF 114
	<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)
Harriet Iglehart

Mailing Address 15905 Carroll Rd

City Monkton State MD Zip Code 21111-2004

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

Name of Employer Self-employed Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : VN8Z2C9BNF5

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
David Imre

Mailing Address 16935 Gerting Rd

City Monkton State MD Zip Code 21111-1309

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

Name of Employer Imre, llc Occupation Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : VN8Z2CBB2Y5

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 69

City Royal Oak State MD Zip Code 21662-0069

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : VN8Z2CMVMY9

Amount of Each Receipt this Period
500.00

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

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

950.00

**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 36 OF 114
	<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)
Michael Jakubowski

Mailing Address 1350 Hawthorn Rd

City State Zip Code
Schenectady NY 12309-2502

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

Name of Employer Occupation
Schenectady Anesthesia Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 06 / 2014

Transaction ID : VN8Z2BXN445

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
David Jeffery

Mailing Address 24490 Tricefield t.

City State Zip Code
Saint Michaels MD 21663

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

Name of Employer Occupation
Not employed 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
01 / 29 / 2014

Transaction ID : VN8Z2C3P173

Amount of Each Receipt this Period
100.00

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

Mailing Address 209 Washington Ave

City State Zip Code
Chestertown MD 21620-1617

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 09 / 2014

Transaction ID : VN8Z2CBZJC7

Amount of Each Receipt this Period
500.00

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

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

700.00

**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 37 OF 114
	<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)
Jill Joyce, Md

Mailing Address **PO Box 1250**

City **Millersville** State **MD** Zip Code **21108-4250**

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

Name of Employer **Self** Occupation **Psychiatrist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : VN8Z2C9CMX0

Amount of Each Receipt this Period
 _____ 200.00

B. Full Name (Last, First, Middle Initial)
Nancy S Kader Ph.D

Mailing Address **10301 Dunfries Rd**

City **Vienna** State **VA** Zip Code **22181-4002**

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

Name of Employer **Pal-Tech, Inc.** Occupation **Director**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2014

Transaction ID : VN8Z2C2JKN6

Amount of Each Receipt this Period
 _____ 250.00

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

Mailing Address **29367 Dutchmans Ln**

City **Easton** State **MD** Zip Code **21601-4703**

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

Name of Employer **Boeing** Occupation **Business Development**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : VN8Z2C67EF2

Amount of Each Receipt this Period
 _____ 100.00

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

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

_____ 550.00

**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 38 OF 114
	<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)
Diane Kilduff

Mailing Address 4671 Ferry Neck Rd

City State Zip Code
Royal Oak MD 21662-1252

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : VN8Z2CEBHT2

Amount of Each Receipt this Period
500.00

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

Mailing Address 2 Fork Spring Ct

City State Zip Code
Baldwin MD 21013-9311

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

Name of Employer Occupation
Not Employed 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
 03 / 07 / 2014

Transaction ID : VN8Z2CBZHB6

Amount of Each Receipt this Period
250.00

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

Mailing Address 712 Brannock Ter

City State Zip Code
Annapolis MD 21401-4564

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

Name of Employer Occupation
Shady Grove Fertility Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : VN8Z2C9NPR5

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 39 OF 114
	<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)
Barry and Susan Koh PhD

Mailing Address 27033 Rigbylot Rd

City Easton State MD Zip Code 21601-7667

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 21 / 2014

Transaction ID : VN8Z2C9N6C8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John J LaFerla

Mailing Address 209 Birch Run Rd

City Chestertown State MD Zip Code 21620-1639

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1947.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 01 / 2014

Transaction ID : VN8Z2CHD5H7

Amount of Each Receipt this Period
58.00

* In-Kind: Monthly Web Hosting Fee

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

Mailing Address 209 Birch Run Rd

City Chestertown State MD Zip Code 21620-1639

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2005.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 01 / 2014

Transaction ID : VN8Z2CHD5M1

Amount of Each Receipt this Period
58.00

* In-Kind: Monthly Web Hosting Fee

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

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

366.00

**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 40 OF 114
	<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 J LaFerla

Mailing Address 209 Birch Run Rd

City State Zip Code
Chestertown MD 21620-1639

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3005.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 06 / 2014

Transaction ID : VN8Z2C82B87

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John J LaFerla

Mailing Address 209 Birch Run Rd

City State Zip Code
Chestertown MD 21620-1639

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3255.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : VN8Z2CAM335

Amount of Each Receipt this Period
250.00

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

Mailing Address 209 Birch Run Rd

City State Zip Code
Chestertown MD 21620-1639

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3313.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2014

Transaction ID : VN8Z2CHD622

Amount of Each Receipt this Period
58.00

* In-Kind: Monthly Web Hosting Fee

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

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

1308.00

**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 41 OF 114
	<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 J LaFerla

Mailing Address 209 Birch Run Rd

City State Zip Code
Chestertown MD 21620-1639

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4313.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : VN8Z2CHXE8

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Susan LaFerla

Mailing Address 209 Birch Run Rd

City State Zip Code
Chestertown MD 21620-1639

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

Name of Employer Occupation
Corsica Women's Health Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : VN8Z2CJJT65

Amount of Each Receipt this Period
250.00

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

Mailing Address 23489 Mezick Rd

City State Zip Code
Tyaskin MD 21865-2066

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
200.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : VN8Z2C3G6A9

Amount of Each Receipt this Period
200.00

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

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

1450.00

**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 42 OF 114
	<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)
William W Lindsay

Mailing Address 201 Richard Dr

City State Zip Code
Chestertown MD 21620-1647

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : VN8Z2C663J4

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Della W Lynch

Mailing Address 13389 Mason Branch Rd

City State Zip Code
Ridgely MD 21660-1310

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
02 / 04 / 2014

Transaction ID : VN8Z2C669N1

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ronald and Joy M Mankoff

Mailing Address 22 Lakeside Park

City State Zip Code
Dallas TX 75225-8110

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
03 / 23 / 2014

Transaction ID : VN8Z2CF57H6

Amount of Each Receipt this Period
250.00

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

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

850.00

**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 43 OF 114
	<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)
Robert A Manzi

Mailing Address 354 Prospect Bay Dr W

City State Zip Code
Grasonville MD 21638-1261

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

Name of Employer Occupation
Knight,Knight,Manzi, Nussbaum 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
 02 / 20 / 2014

Transaction ID : VN8Z2C9CMB8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
G. Rodney Meeks

Mailing Address 207 Audubon Point Dr

City State Zip Code
Brandon MS 39047-6408

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

Name of Employer Occupation
Not Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : VN8Z2CGF666

Amount of Each Receipt this Period
100.00

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

Mailing Address 8022 Takoma Ave

City State Zip Code
Silver Spring MD 20910-5230

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

Name of Employer Occupation
Public Health Institute Nonprofit

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : VN8Z2CGJVJ9

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 114
	<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)
David P Miller

Mailing Address **PO Box 303**

City **Churchville** State **MD** Zip Code **21028-0303**

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

Name of Employer **Not Employed** Occupation **Retired (enviromentalist)**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 25 / 2014

Transaction ID : VN8Z2C35584

Amount of Each Receipt this Period
100.00

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

Mailing Address **221 Birch Run Rd**

City **Chestertown** State **MD** Zip Code **21620-1639**

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

Name of Employer **Not Employed** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : VN8Z2CM94C1

Amount of Each Receipt this Period
2600.00

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

Mailing Address **PO Box 284**

City **Snow Hill** State **MD** Zip Code **21863-0284**

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

Name of Employer **Optum Health** 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
03 / 27 / 2014

Transaction ID : VN8Z2CG1CH5

Amount of Each Receipt this Period
250.00

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

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

2950.00

**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 45 OF 114
	<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)
Paul Moorhead

Mailing Address 10511 Miracle House Cir

City State Zip Code
Claiborne MD 21624-2018

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
565.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : VN8Z2CBZDN6

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Raegan and Damian Mosley

Mailing Address 23 N Decker Ave

City State Zip Code
Baltimore MD 21224-1354

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

Name of Employer Occupation
Planned Parenthood of Maryland 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
02 / 25 / 2014

Transaction ID : VN8Z2CAZGE7

Amount of Each Receipt this Period
250.00

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

Mailing Address 4488 Lake Forest Dr E

City State Zip Code
Ann Arbor MI 48108-9684

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : VN8Z2BZ4GF6

Amount of Each Receipt this Period
300.00

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

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

850.00

**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 46 OF 114
	<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)
Russell Moy

Mailing Address 1103 Walnut Wood Rd

City State Zip Code
Hunt Valley MD 21030-5403

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
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : VN8Z2C8Z2H6

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Constance C. Murray

Mailing Address 10 Oak Meadow Ln

City State Zip Code
Carmel Valley CA 93924-9455

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 Y
03 / 19 / 2014

Transaction ID : VN8Z2CEFJ66

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert K Musil PhD

Mailing Address 8600 Irvington Ave

City State Zip Code
Bethesda MD 20817-3604

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

Name of Employer Occupation
CEO Rachel Carson Council

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
03 / 06 / 2014

Transaction ID : VN8Z2CBC428

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 47 OF 114
	<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)
Karen Nelson

Mailing Address 2417 Ken Oak Rd

City Baltimore State MD Zip Code 21209-4309

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : VN8Z2CMVMX1

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Peter C Neumann

Mailing Address 1 Elm Ct

City Reno State NV Zip Code 89501-1712

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

Name of Employer Self-employed 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
02 / 21 / 2014

Transaction ID : VN8Z2C9JEV9

Amount of Each Receipt this Period
250.00

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

Mailing Address 835 6th St

City Langley State WA Zip Code 98260-8646

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : VN8Z2C98H38

Amount of Each Receipt this Period
1000.00

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

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

1275.00

**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 48 OF 114
	<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 Nyce

Mailing Address 121 Smith Ave

City Westminster State MD Zip Code 21157-5728

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : VN8Z2C3G5E0

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Gerard O'Connor MD

Mailing Address 100 Brown St

City Chestertown State MD Zip Code 21620-1435

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 **200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : VN8Z2CB6T68

Amount of Each Receipt this Period
100.00

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

Mailing Address 20 S Charles St Ste 1000

City Baltimore State MD Zip Code 21201-3286

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

Name of Employer AGM Financial Services, Inc Occupation Mortgage Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8Z2CGHB63

Amount of Each Receipt this Period
500.00

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 49 OF 114
	<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)
Mark Perloe

Mailing Address 7655 S Spalding Lake Dr

City Sandy Springs State GA Zip Code 30350-1047

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

Name of Employer GRS 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
 02 / 14 / 2014

Transaction ID : VN8Z2C8D8J4

Amount of Each Receipt this Period
 150.00

Amount of Each Receipt this Period
 350.00

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

Mailing Address 27702 Equestrian Dr

City Salisbury State MD Zip Code 21801-1782

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

Name of Employer Salisbury University Occupation College Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2014

Transaction ID : VN8Z2C27JX1

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

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

Mailing Address 407 S Main St

City Berlin State MD Zip Code 21811-1407

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

Name of Employer Self Employed Occupation Writer/Editor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : VN8Z2C3G6T5

Amount of Each Receipt this Period
 500.00

Amount of Each Receipt this Period
 500.00

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

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

900.00

**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 50 OF 114
	<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)
Lucia J Rather

Mailing Address 438 Swan Ct

City State Zip Code
Chestertown MD 21620-1697

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

Name of Employer Occupation
Library Of Congress Librarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : VN8Z2C6VX04

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
William Rayburn MD

Mailing Address 6112 Copper Rose St NE

City State Zip Code
Albuquerque NM 87111-8228

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

Name of Employer Occupation
New Mexico School of Medicine Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : VN8Z2CBY99

Amount of Each Receipt this Period
250.00

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

Mailing Address 6154 Sundance Trl

City State Zip Code
Brighton MI 48116-7746

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

Name of Employer Occupation
not employed 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
 02 / 07 / 2014

Transaction ID : VN8Z2C6SFC1

Amount of Each Receipt this Period
250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 114
	<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)
Lena Rotenberg

Mailing Address 15 Millrace Ln

City Keedysville State MD Zip Code 21756-1315

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

Name of Employer Valley Co-op Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : VN8Z2C8YXM8

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Miles Rubin

Mailing Address 3035 Chain Bridge Rd NW

City Washington State DC Zip Code 20016-3409

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

Name of Employer Self-employed Occupation Executive Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : VN8Z2CC2C86

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Rebecca L Ruggles

Mailing Address 5008 Boxhill Ln

City Baltimore State MD Zip Code 21210-2018

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

Name of Employer The Green Funders Affinity Group, Dire Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : VN8Z2CAC927

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 52 OF 114
	<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)
David Sack

Mailing Address 2117 Bellvale Rd

City Fallston State MD Zip Code 21047-2014

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

Name of Employer Johns Hopkins Bloomberg School Of Publ Occupation Professor / Physician

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
03 / 10 / 2014

Transaction ID : VN8Z2CC0B89

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Howard Sacks

Mailing Address 501 E Campus Ave
Unit 303

City Chestertown State MD Zip Code 21620-1704

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : VN8Z2CDAMY9

Amount of Each Receipt this Period
250.00

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

Mailing Address 25 Wharf Ct

City Berlin State MD Zip Code 21811-1829

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

Name of Employer Not Employed 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
02 / 20 / 2014

Transaction ID : VN8Z2C9CMW2

Amount of Each Receipt this Period
50.00

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

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

550.00

**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 53 OF 114
	<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)
Roland Scheck

Mailing Address 4037 Devonshire Dr

City Salisbury State MD Zip Code 21804-2512

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : VN8Z2C2G2Q0

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Roland Scheck

Mailing Address 4037 Devonshire Dr

City Salisbury State MD Zip Code 21804-2512

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : VN8Z2CAM1M4

Amount of Each Receipt this Period
200.00

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

Mailing Address 1606 Belvedere Blvd

City Silver Spring State MD Zip Code 20902-3902

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : VN8Z2CF10P8

Amount of Each Receipt this Period
100.00

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

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

500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 54 OF 114

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
Scott W Schoellkopf

Mailing Address PO Box 3267

City State Zip Code
 Ocean City MD 21843-3267

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

Name of Employer Occupation
 Old Pro Golf, Inc. General Manager

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
 02 / 24 / 2014

Transaction ID : VN8Z2C9T211

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dale F. Schrader

Mailing Address 215 Glenburn Ave

City State Zip Code
 Cambridge MD 21613-1529

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
 279.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2014

Transaction ID : VN8Z2CHHE45

Amount of Each Receipt this Period
 279.55

* In-Kind: Supplies for house party

C. Full Name (Last, First, Middle Initial)
Dale F. Schrader

Mailing Address 215 Glenburn Ave

City State Zip Code
 Cambridge MD 21613-1529

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
 1279.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : VN8Z2CE72M1

Amount of Each Receipt this Period
 1000.00

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

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

1779.55

**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 55 OF 114
	<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)
Michael E. Schrader

Mailing Address 215 Glenburn Ave

City State Zip Code
Cambridge MD 21613-1529

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : VN8Z2CE71J5

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Lawrence Schroth Jr.

Mailing Address 213 Radcliffe Dr

City State Zip Code
Chestertown MD 21620-1347

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : VN8Z2C6VVY6

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Elaine and Daniel Seikaly

Mailing Address 7740 Country Club Ln

City State Zip Code
Chestertown MD 21620-4739

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

Name of Employer Occupation
Self Education

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : VN8Z2CGMAT2

Amount of Each Receipt this Period
100.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 114
	<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)
William Shackelford

Mailing Address 32850 Perryhawkin Rd

City State Zip Code
Princess Anne MD 21853-4168

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : VN8Z2CCE75

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Tharackandathil Oora Shanavas

Mailing Address 266 Shadow Glen Ct

City State Zip Code
Gaithersburg MD 20878-7417

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

Name of Employer Occupation
Righttime Medical Care Pediatrician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : VN8Z2C21E16

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ronald M. Shapiro

Mailing Address PO Box 148

City State Zip Code
Butler MD 21023-0148

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

Name of Employer Occupation
Shapiro Negotiations Institute Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : VN8Z2C8QC19

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 57 OF 114
	<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)
Steven S Sharfstein MD

Mailing Address 6 E Bishops Rd

City Baltimore State MD Zip Code 21218-2312

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

Name of Employer Sheppard Pratt Health Systems Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : VN8Z2CE3J71

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Peter Sherer

Mailing Address 1004 Farm Haven Dr

City Rockville State MD Zip Code 20852-4244

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

Name of Employer Self-employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : VN8Z2CCAPA7

Amount of Each Receipt this Period
25.00

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

Mailing Address 9767 Richards Rd

City Chestertown State MD Zip Code 21620-4156

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : VN8Z2CGQ6A1

Amount of Each Receipt this Period
250.00

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

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

525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 114
	<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)
Christina Showalter

Mailing Address 126 N Queen St

City State Zip Code
Chestertown MD 21620-1536

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
213.02

Date of Receipt
 M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : VN8Z2C6SFB3

Amount of Each Receipt this Period
45.75

* In-Kind: Postage Stamps

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

Mailing Address 126 N Queen St

City State Zip Code
Chestertown MD 21620-1536

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
327.33

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : VN8Z2CJ9KB0

Amount of Each Receipt this Period
97.50

* In-Kind: Postage Stamps

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

Mailing Address 126 N Queen St

City State Zip Code
Chestertown MD 21620-1536

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
327.33

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : VN8Z2CJ9KC8

Amount of Each Receipt this Period
16.81

* In-Kind: Office Supplies

SUBTOTAL of Receipts This Page (optional).....	160.06
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 59 OF 114
	<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)
Thomas J Shuster

Mailing Address 12517 Deer Point Cir

City Berlin State MD Zip Code 21811-2568

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

Name of Employer Town of Ocean City, MD Occupation Director of Recreation and Parks

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **229.02**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : VN8Z2C3G6Y7

Amount of Each Receipt this Period
50.00

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

Mailing Address 12517 Deer Point Cir

City Berlin State MD Zip Code 21811-2568

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

Name of Employer Town of Ocean City, MD Occupation Director of Recreation and Parks

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **229.02**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : VN8Z2C3Y0W9

Amount of Each Receipt this Period
179.02

* In-Kind: Supplies for house party

C. Full Name (Last, First, Middle Initial)
Kenneth I Siegel MD

Mailing Address 397 Carleton Ave

City Glen Ellyn State IL Zip Code 60137-5235

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

Name of Employer DuPage Medical Group Occupation Obstetrician & Gynecologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 25 / 2014

Transaction ID : VN8Z2CA41X9

Amount of Each Receipt this Period
200.00

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

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

429.02

**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 60 OF 114
	<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)
Alan G Sieroty

Mailing Address 6022 Wilshire Blvd
Ste 201

City Los Angeles State CA Zip Code 90036-3616

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

Name of Employer Sieroty Co. Inc. Occupation Real Estate Manager

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
03 / 04 / 2014

Transaction ID : VN8Z2CB7196

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Donald Singleton

Mailing Address 202 Station St
PO Box 173

City Mardela Springs State MD Zip Code 21837-2493

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

Name of Employer Not Employed Occupation Retired Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **443.13**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2014

Transaction ID : VN8Z2C3G517

Amount of Each Receipt this Period
243.13

* In-Kind: Supplies for house party

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

Mailing Address 202 Station St
PO Box 173

City Mardela Springs State MD Zip Code 21837-2493

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

Name of Employer Not Employed Occupation Retired Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **463.13**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : VN8Z2C2G2S6

Amount of Each Receipt this Period
20.00

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

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

763.13

**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 61 OF 114
	<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)
Lynn Sparling

Mailing Address 12112 Augusta Dr

City Glenn Dale	State MD	Zip Code 20769-9307
--------------------	-------------	------------------------

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

Name of Employer UMBC	Occupation Physics Professor
--------------------------	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : VN8Z2C685D5

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mary Ann Stein

Mailing Address 5643 Bent Branch Rd

City Bethesda	State MD	Zip Code 20816-1049
------------------	-------------	------------------------

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

Name of Employer Moriah Fund	Occupation President
---------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 06 / 2014

Transaction ID : VN8Z2C6RHH7

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Cathleen D Stone

Mailing Address 12 Lime St

City Boston	State MA	Zip Code 02108-1103
----------------	-------------	------------------------

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

Name of Employer Not Employed	Occupation Retired Attorney
----------------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : VN8Z2CE3H39

Amount of Each Receipt this Period
500.00

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

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

1150.00

**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 62 OF 114
	<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)
Mark Stover

Mailing Address 4712 Falcon St

City State Zip Code
Rockville MD 20853-3427

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
1050.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2014

Transaction ID : VN8Z2C6QPJ9

Amount of Each Receipt this Period
300.00

* In-Kind: Ticket to an event

B. Full Name (Last, First, Middle Initial)
Anne D Taft

Mailing Address 38 Oakridge Dr

City State Zip Code
Binghamton NY 13903-2125

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
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 06 / 2014

Transaction ID : VN8Z2BXN429

Amount of Each Receipt this Period
500.00

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

Mailing Address 2506 Creekstone Ct

City State Zip Code
Baltimore MD 21209-5203

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
300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : VN8Z2C8P9X3

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 63 OF 114
	<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)
William D Trainor

Mailing Address 20731 Jamieson Rd

City State Zip Code
Rock Hall MD 21661-2000

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2014

Transaction ID : VN8Z2C8CK73

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Deanna & Roger Troub

Mailing Address 3703 95th St

City State Zip Code
Lubbock TX 79423-3808

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

Name of Employer Not Employed Occupation '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
 03 / 19 / 2014

Transaction ID : VN8Z2CEF9H5

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dianne K Turpin

Mailing Address 615 Cannon St

City State Zip Code
Chestertown MD 21620-1103

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : VN8Z2CEBQY6

Amount of Each Receipt this Period
200.00

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

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

700.00

**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 64 OF 114
	<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)
Mark Tushnet

Mailing Address 1416 Holly St NW

City Washington State DC Zip Code 20012-1526

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

Name of Employer Harvard University Occupation Professor

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
02 / 05 / 2014

Transaction ID : VN8Z2C676C2

Amount of Each Receipt this Period
500.00

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

Mailing Address 24046 Macs Ln

City Worton State MD Zip Code 21678-1363

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **759.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 24 / 2014

Transaction ID : VN8Z2C3G574

Amount of Each Receipt this Period
9.99

* In-Kind: Supplies

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

Mailing Address 24046 Macs Ln

City Worton State MD Zip Code 21678-1363

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **905.70**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : VN8Z2CERN07

Amount of Each Receipt this Period
145.71

* In-Kind: Supplies for house party

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

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

655.70

**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 65 OF 114
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
Joanne M Waeltermann

Mailing Address 22 S Greene St

City Baltimore State MD Zip Code 21201-1544

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

Name of Employer Children's Eye Care and Family Eye Car Occupation Pediatric Ophthalmologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : VN8Z2C8DW55

Amount of Each Receipt this Period
250.00

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

Mailing Address 204 Rivershore Rd

City Chestertown State MD Zip Code 21620-2870

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 02 / 2014

Transaction ID : VN8Z2C3ZBX8

Amount of Each Receipt this Period
100.00

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

Mailing Address 63 French Rd

City Gilmanston State NH Zip Code 03237-5502

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2014

Transaction ID : VN8Z2CF5EB0

Amount of Each Receipt this Period
100.00

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

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

450.00

**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 66 OF 114
	<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)
Thomas M Walsh MD

Mailing Address 113 River Run

City State Zip Code
Queenstown MD 21658-1642

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

Name of Employer Occupation
Maryland Primary Care Physicians Medical Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2014

Transaction ID : VN8Z2CDY2X1

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Margot Watson

Mailing Address 10801 Hilltop Lane

City State Zip Code
Columbia MD 21044

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : VN8Z2C8Q869

Amount of Each Receipt this Period
200.00

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

Mailing Address PO Box 435

City State Zip Code
Rock Hall MD 21661-0435

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

Name of Employer Occupation
Not Employed 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
 03 / 26 / 2014

Transaction ID : VN8Z2CF62X5

Amount of Each Receipt this Period
500.00

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

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

950.00

**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 67 OF 114
	<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)
Irwin A Webb MD

Mailing Address 201 E Marengo St

City State Zip Code
St Michaels MD 21663-2927

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 23 / 2014

Transaction ID : VN8Z2C2MVW5

Amount of Each Receipt this Period
100.00

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

Mailing Address 411 Wallman Way

City State Zip Code
Stevensville MD 21666-2633

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

Name of Employer Kidney Health Center of maryland Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : VN8Z2C9Y4T6

Amount of Each Receipt this Period
300.00

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

Mailing Address 216 Duke Of Kent St

City State Zip Code
Chestertown MD 21620-2854

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

Name of Employer Kent County Public Schools Occupation Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : VN8Z2CC8AQ7

Amount of Each Receipt this Period
200.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 114
	<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)
Peter F Weller

Mailing Address 71 Denton Rd

City Wellesley State MA Zip Code 02482-6404

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

Name of Employer HMFP Occupation academic 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
 02 / 01 / 2014

Transaction ID : VN8Z2C3YQ56

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Gee Williams III

Mailing Address 10101 Old Ocean City Blvd

City Berlin State MD Zip Code 21811-1160

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

Name of Employer Town of Berlin, Maryland Occupation Mayor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : VN8Z2C39JF8

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Kin Wun MD

Mailing Address 415 Washington Ave

City Chestertown State MD Zip Code 21620-1406

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
 02 / 05 / 2014

Transaction ID : VN8Z2C67A95

Amount of Each Receipt this Period
 100.00

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

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

850.00

**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 69 OF 114
	<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)
Marcia Yeager

Mailing Address 121 Lyons Ln

City Chestertown State MD Zip Code 21620-2249

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : VN8Z2C9Y1S0

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Barry Yoss

Mailing Address 21 Woodridge Cir

City Clarks Summit State PA Zip Code 18411-2039

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

Name of Employer Community Health Systems 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
03 / 19 / 2014

Transaction ID : VN8Z2CEE2X8

Amount of Each Receipt this Period
250.00

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

Mailing Address 847 Holly Dr S

City Annapolis State MD Zip Code 21409-5555

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

Name of Employer BMT Syntek Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 30 / 2014

Transaction ID : VN8Z2CGDMR2

Amount of Each Receipt this Period
250.00

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

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

600.00

60773.24

**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 70 OF 114			
	<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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.39 Transaction ID : VN7ZT9Q7C35
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	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) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 8.89 Transaction ID : VN7ZT9Q7C68
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.80 Transaction ID : VN7ZT9RX619
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	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).....	11.08
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 71 OF 114			
	<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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 9.88 Transaction ID : VN7ZT9RX627
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.99 Transaction ID : VN7ZT9RX635
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	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) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 2.78 Transaction ID : VN7ZT9RX643
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	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).....	13.65
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 72 OF 114			
	<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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.99 Transaction ID : VN7ZT9RX651
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 18.18 Transaction ID : VN7ZT9RX669
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	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) C. Adobe Systems Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 345 Park Ave		Amount of Each Disbursement this Period 29.88 Transaction ID : VN7ZT9RYP05
City San Jose	State CA	
Zip Code 95110-2704	Purpose of Disbursement Software	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).....	49.05
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 73 OF 114			
	<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. Bennett's II		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 212 S Maple Ave		Amount of Each Disbursement this Period 74.00
City Chestertown	State MD	
Purpose of Disbursement Travel Expense		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. David Bowering		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 209 Washington Ave		Amount of Each Disbursement this Period 264.13
City Chestertown	State MD	
Purpose of Disbursement Supplies for house party		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	* In-Kind Received

Full Name (Last, First, Middle Initial) c. Jan Cayce		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address 332 Devon Dr		Amount of Each Disbursement this Period 103.15
City Chestertown	State MD	
Purpose of Disbursement Reimbursement		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	441.28
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : VN7ZT9RQXX4

payment for purchase of office supplies

Form/Schedule:

Transaction ID:

**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 75 OF 114			
	<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. Steven Cenname		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address Campus Box 1182 Salisbury University		Amount of Each Disbursement this Period 100.00 Transaction ID : VN7ZT9R6DP1
City Salisbury	State MD Zip Code 21801	
Purpose of Disbursement Reimbursement	Category/Type 004	
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. Centreville Shipping Inc.		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address 631 Railroad Ave		Amount of Each Disbursement this Period 46.91 Transaction ID : VN7ZT9RS7D9
City Centreville	State MD Zip Code 21617-1144	
Purpose of Disbursement Printing Fees	Category/Type 003	
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. Centreville Shipping Inc.		Date of Disbursement MM / DD / YYYY 03 / 26 / 2014
Mailing Address 631 Railroad Ave		Amount of Each Disbursement this Period 31.27 Transaction ID : VN7ZT9RS7G2
City Centreville	State MD Zip Code 21617-1144	
Purpose of Disbursement Printing Fees	Category/Type 003	
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).....	178.18
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 76 OF 114			
	<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. Centreville Shipping Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 631 Railroad Ave		Amount of Each Disbursement this Period 21.94 Transaction ID : VN7ZT9RSS18
City Centreville	State MD	
Purpose of Disbursement Printing Fees		Category/ Type 003
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. College Heights Citgo		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 513 Washington Ave		Amount of Each Disbursement this Period 58.89 Transaction ID : VN7ZT9RYGX1
City Chestertown	State MD	
Purpose of Disbursement Travel Expense		Category/ Type 002
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. College Heights Citgo		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 513 Washington Ave		Amount of Each Disbursement this Period 62.85 Transaction ID : VN7ZT9RF0Y7
City Chestertown	State MD	
Purpose of Disbursement Travel Expense		Category/ Type 002
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).....	143.68
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 77 OF 114			
	<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. Corsica Technologies		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 335 N Liberty St		Amount of Each Disbursement this Period 35.00
City Centreville	State MD	
Zip Code 21617-1024		
Purpose of Disbursement Clear Computer Hard Drive		Category/ Type 006
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. DAYSPRING WATER LLC		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 5620 Landing Neck Rd		Amount of Each Disbursement this Period 54.56
City Trappe	State MD	
Zip Code 21673-1649		
Purpose of Disbursement Water Cooler		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) c. Delta Airlines, Inc.		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 282.00
City Atlanta	State GA	
Zip Code 30354-1989		
Purpose of Disbursement Airline Ticket		Category/ Type 002
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)	371.56
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 78 OF 114			
	<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. Democratic Central Committee Worcester County		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 34		Amount of Each Disbursement this Period 135.00
City Berlin State MD Zip Code 21811-0034	Category/Type 004	
Purpose of Disbursement Ad for Banquet Program		Transaction ID : VN7ZT9RMMP6
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. Democratic Club of Caroline County		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 14001 Clarks Ln		Amount of Each Disbursement this Period 30.00
City Ridgely State MD Zip Code 21660-1414	Category/Type 007	
Purpose of Disbursement Tickets to Event		Transaction ID : VN7ZT9R6DQ9
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. Domino's Pizza LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 261 Canal Park Dr		Amount of Each Disbursement this Period 147.70
City Salisbury State MD Zip Code 21804-7290	Category/Type 007	
Purpose of Disbursement Food for Event		Transaction ID : VN7ZT9R6DF6
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).....	312.70
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 79 OF 114			
	<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. Domino's Pizza LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2478 Centreville Rd		Amount of Each Disbursement this Period 520.73 Transaction ID : VN7ZT9RDED9
City Centreville	State MD	
Purpose of Disbursement Food for Event		Category/ Type 007
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. Dropbox		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 185 Berry St		Amount of Each Disbursement this Period 9.99 Transaction ID : VN7ZT9RX1K3
City San Francisco	State CA	
Purpose of Disbursement Additional Data Storage		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) c. Margery Elsberg		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 303 N Queen St		Amount of Each Disbursement this Period 500.00 Transaction ID : VN8Z2C9E6Q9I
City Chestertown	State MD	
Purpose of Disbursement Presentation Coaching		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: _____	

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	520.72
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 80 OF 114	
	<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. Exxon Mobil		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 2403 Market St.		Amount of Each Disbursement this Period 63.49 Transaction ID : VN7ZT9R1RG8
City Marcus Hook	State PA	
Zip Code 19061	Purpose of Disbursement Travel Expense	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. Family Dollar		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 2456 Centreville Rd		Amount of Each Disbursement this Period 5.30 Transaction ID : VN7ZT9RF137
City Centreville	State MD	
Zip Code 21617-2802	Purpose of Disbursement Office Supplies	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) C. Fisherman's Inn		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 3116 Main St		Amount of Each Disbursement this Period 137.44 Transaction ID : VN7ZT9RF129
City Grasonville	State MD	
Zip Code 21638-1026	Purpose of Disbursement Food for Volunteers	Category/ Type 007
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).....	206.23
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 81 OF 114			
	<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. Food Lion #2522		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 2466 Centreville Rd		Amount of Each Disbursement this Period 5.99 Transaction ID : VN7ZT9R3626
City Centreville	State MD	
Purpose of Disbursement Office Supplies	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. Food Lion #2522		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 2466 Centreville Rd		Amount of Each Disbursement this Period 3.17 Transaction ID : VN7ZT9R3634
City Centreville	State MD	
Purpose of Disbursement Office Supplies	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) C. Food Lion #2522		Date of Disbursement MM / DD / YYYY 03 / 01 / 2014
Mailing Address 2466 Centreville Rd		Amount of Each Disbursement this Period 5.29 Transaction ID : VN7ZT9R6DE8
City Centreville	State MD	
Purpose of Disbursement Office Supplies	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).....	14.45
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 82 OF 114			
	<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

A. Good Guys

Full Name (Last, First, Middle Initial)
Mailing Address 219 E Water St

City Centreville State MD Zip Code 21617-1101

Purpose of Disbursement Political Meeting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 11 / 2014

Amount of Each Disbursement this Period: 61.12

Transaction ID : VN7ZT9R1RM9

Category/Type: 001

B. Marian and Philip Griffiths

Full Name (Last, First, Middle Initial)
Mailing Address 9326 N Bayview Ave

City Chestertown State MD Zip Code 21620-4307

Purpose of Disbursement Supplies for house party

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 124.24

Transaction ID : VN8Z2CHHDH5I

* In-Kind Received

Category/Type:

C. Hillside Quick Service Motel

Full Name (Last, First, Middle Initial)
Mailing Address 2630 Centreville Rd

City Centreville State MD Zip Code 21617-2069

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2014

Amount of Each Disbursement this Period: 71.60

Transaction ID : VN7ZT9Q0YS0

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional)..... 256.96

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 83 OF 114	
	<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. Hillside Quick Service Motel		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 60.78
City Centreville	State MD	
Zip Code 21617-2069	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9Q0Z70
Candidate Name	Category/ Type 002	
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. Hillside Quick Service Motel		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 70.50
City Centreville	State MD	
Zip Code 21617-2069	Purpose of Disbursement Traveling Expense	Transaction ID : VN7ZT9RYGY9
Candidate Name	Category/ Type 002	
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. Hillside Quick Service Motel		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 72.50
City Centreville	State MD	
Zip Code 21617-2069	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9R1RE2
Candidate Name	Category/ Type 002	
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).....	203.78
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 84 OF 114			
	<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. Hillside Quick Service Motel		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 63.67
City Centreville	State MD	
Zip Code 21617-2069	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9R3683
Candidate Name	Category/ Type 002	
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. Hillside Quick Service Motel		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 73.55
City Centreville	State MD	
Zip Code 21617-2069	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9R3691
Candidate Name	Category/ Type 002	
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. Hillside Quick Service Motel		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 61.00
City Centreville	State MD	
Zip Code 21617-2069	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9R3675
Candidate Name	Category/ Type 002	
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).....	198.22
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 85 OF 114			
	<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. Hillside Quick Service Motel			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2630 Centreville Rd			Amount of Each Disbursement this Period 64.26 Transaction ID : VN7ZT9RF0Z5
City Centreville	State MD	Zip Code 21617-2069	
Purpose of Disbursement Travel Expense		Category/ Type 002	
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. Hillside Quick Service Motel			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 2630 Centreville Rd			Amount of Each Disbursement this Period 73.75 Transaction ID : VN7ZT9RF3C4
City Centreville	State MD	Zip Code 21617-2069	
Purpose of Disbursement Travel Expense		Category/ Type 002	
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. Hillside Quick Service Motel			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 2630 Centreville Rd			Amount of Each Disbursement this Period 63.62 Transaction ID : VN7ZT9RN0W9
City Centreville	State MD	Zip Code 21617-2069	
Purpose of Disbursement Travel Expense		Category/ Type 002	
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).....	201.63
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 86 OF 114			
	<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. Masha Howes			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014	
Mailing Address 10611 Topsfield Dr			Amount of Each Disbursement this Period 14.84	
City Cockeysville	State MD	Zip Code 21030-2641	Transaction ID : VN8Z2C2GEN01	
Purpose of Disbursement Supplies for house party		Category/ Type	* In-Kind Received	
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. Masha Howes			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014	
Mailing Address 10611 Topsfield Dr			Amount of Each Disbursement this Period 108.57	
City Cockeysville	State MD	Zip Code 21030-2641	Transaction ID : VN8Z2C2GER41	
Purpose of Disbursement Supplies for house party		Category/ Type	* In-Kind Received	
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. LaFerla LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014	
Mailing Address 209 Birch Run Rd			Amount of Each Disbursement this Period 1400.00	
City Chestertown	State MD	Zip Code 21620-1639	Transaction ID : VN7ZT9QYG68	
Purpose of Disbursement Office Rent		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).....	1523.41
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 87 OF 114			
	<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. LaFerla LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 209 Birch Run Rd		Amount of Each Disbursement this Period 800.00 Transaction ID : VN7ZT9RTCA0
City Chestertown	State MD	
Zip Code 21620-1639	Purpose of Disbursement Office Rent	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. John J LaFerla		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 209 Birch Run Rd		Amount of Each Disbursement this Period 58.00 Transaction ID : VN8Z2CHD5H7I
City Chestertown	State MD	
Zip Code 21620-1639	Purpose of Disbursement Monthly Web Hosting Fee	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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) C. John J LaFerla		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 209 Birch Run Rd		Amount of Each Disbursement this Period 58.00 Transaction ID : VN8Z2CHD5M1I
City Chestertown	State MD	
Zip Code 21620-1639	Purpose of Disbursement Monthly Web Hosting Fee	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)	* In-Kind Received
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	916.00
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 88 OF 114	
	<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. John J LaFerla		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 209 Birch Run Rd		Amount of Each Disbursement this Period 91.50 Transaction ID : VN8Z2CHD6221
City Chestertown	State MD	
Zip Code 21620-1639	Purpose of Disbursement Monthly Web Hosting Fee	* In-Kind Received
Candidate Name	Category/ Type	
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. Le Pain Quotidien #302		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 7140 Bethesda Ln		Amount of Each Disbursement this Period 24.46 Transaction ID : VN7ZT9RF103
City Bethesda	State MD	
Zip Code 20814-5316	Purpose of Disbursement Political Meeting	001 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. Le Pain Quotidien #302		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 7140 Bethesda Ln		Amount of Each Disbursement this Period 9.05 Transaction ID : VN7ZT9RF111
City Bethesda	State MD	
Zip Code 20814-5316	Purpose of Disbursement Political Meeting	001 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:	

SUBTOTAL of Disbursements This Page (optional).....	91.51
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 89 OF 114			
	<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. Lucas Morgan		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 8 Franklin Tpke		Amount of Each Disbursement this Period 60.00 Transaction ID : VN7ZT9RSTE4
City Allendale State NJ Zip Code 07401-2227	Purpose of Disbursement IT Consulting Candidate Name Category/Type 001	
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. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2100.00 Transaction ID : VN7ZT9P4YM0
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Database Candidate Name Category/Type 003	
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. Office Depot Store #98		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 6501 Baltimore Natl Pike Bld. B		Amount of Each Disbursement this Period 26.28 Transaction ID : VN7ZT9RS755
City Baltimore State MD Zip Code 21228	Purpose of Disbursement Invitations Candidate Name Category/Type 003	
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).....	2186.28
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 90 OF 114			
	<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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 18.70
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Worker's Compensation Insurance	Category/Type 001	Transaction ID : VN7ZT9Q0YQ4
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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 93.67
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	Transaction ID : VN7ZT9Q0YR2
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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 7119.03
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	Category/Type 001	Transaction ID : VN7ZT9Q0YY9
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).....	7231.40
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 91 OF 114			
	<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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1136.47 Transaction ID : VN7ZT9Q0YZ7
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	001 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) B. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 243.07 Transaction ID : VN7ZT9Q0Z05
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	001 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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 24.54 Transaction ID : VN7ZT9Q0Z13
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Worker's Compensation Insurance	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	1404.08
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : VN7ZT9Q0Z05

end of the year payroll processing fees

Form/Schedule: SB17

Transaction ID: VN7ZT9Q0Z13

end of the year worker's compensation fees

**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 93 OF 114			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1.76
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Worker's Compensation Insurance	Category/Type 001	Transaction ID : VN7ZT9RYH05
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Worker's Compensation Ins
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 67.07
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	Transaction ID : VN7ZT9RYGZ7
Candidate Name		
Office Sought: House Senate 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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1136.47
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	Category/Type 001	Transaction ID : VN7ZT9RYNW3
Candidate Name		
Office Sought: House Senate 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).....	1205.30
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 94 OF 114			
	<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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 3699.03 Transaction ID : VN7ZT9RYNX1
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 86.83 Transaction ID : VN7ZT9RYGT8
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	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) C. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 4036.53 Transaction ID : VN7ZT9R1RH5
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	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).....	7822.39
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 95 OF 114			
	<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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1111.47
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	Category/Type 001	Transaction ID : VN7ZT9R1RJ3
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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 67.36
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	Transaction ID : VN7ZT9R1RK1
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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 808.97
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	Category/Type 001	Transaction ID : VN7ZT9R6DK7
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).....	1987.80
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 96 OF 114			
	<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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 3237.28
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	Category/Type 001	Transaction ID : VN7ZT9R6DM5
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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 67.36
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	Transaction ID : VN7ZT9RYGV5
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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 231.50
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	Category/Type 001	Transaction ID : VN7ZT9RF161
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).....	3536.14
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 97 OF 114			
	<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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 306.75 Transaction ID : VN7ZT9RF186
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1040.47 Transaction ID : VN7ZT9RQ768
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	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) C. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 3094.03 Transaction ID : VN7ZT9RQ776
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	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).....	4441.25
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 98 OF 114			
	<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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 67.36
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	Transaction ID : VN7ZT9RQ750
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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 3316.53
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	Category/Type 001	Transaction ID : VN7ZT9RX1G9
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. Piney Creek Xtra Fuels		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 2120 Piney Creek Rd		Amount of Each Disbursement this Period 72.27
City Chester	State MD Zip Code 21619-2411	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : VN7ZT9R3667
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).....	3456.16
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 99 OF 114			
	<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. Royal Farms		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 500 Mechanics Valley Rd Pulaski Hwy		Amount of Each Disbursement this Period 65.38
City North East	State MD	
Zip Code 21901-3701	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9Q0YW3
Candidate Name	Category/Type 001	
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. Royal Farms		Date of Disbursement MM / DD / YYYY 01 / 17 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 59.76
City Chestertown	State MD	
Zip Code 21620-2387	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9Q0Z47
Candidate Name	Category/Type 001	
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. Royal Farms		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 63.03
City Chestertown	State MD	
Zip Code 21620-2387	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9R6DG4
Candidate Name	Category/Type 002	
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).....	188.17
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 100 OF 114	
	<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. Royal Farms		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 61.76
City Chestertown State MD Zip Code 21620-2387	Purpose of Disbursement Travel Expense	
Candidate Name	Category/Type 002	Transaction ID : VN7ZT9RS6Z8
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. Royal Farms		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 60.86
City Chestertown State MD Zip Code 21620-2387	Purpose of Disbursement Travel Expense	
Candidate Name	Category/Type 002	Transaction ID : VN7ZT9RSTD6
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. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period 471.31
City McLean State VA Zip Code 22102-4327	Purpose of Disbursement Online Processing Fees	
Candidate Name	Category/Type 003	Transaction ID : VN7ZT9PVMG3
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).....	593.93
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 101 OF 114	
	<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. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period 159.33 Transaction ID : VN7ZT9RFA93
City McLean	State VA	
Zip Code 22102-4327	Purpose of Disbursement Online Processing Fees	Category/ Type 003
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. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period 571.64 Transaction ID : VN7ZT9RFA52
City McLean	State VA	
Zip Code 22102-4327	Purpose of Disbursement Online Processing Fees	Category/ Type 003
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. Dale F. Schrader		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 215 Glenburn Ave		Amount of Each Disbursement this Period 279.55 Transaction ID : VN8Z2CHHE451
City Cambridge	State MD	
Zip Code 21613-1529	Purpose of Disbursement Supplies for house party	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:	* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	1010.55
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 102 OF 114	
	<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. Christina Showalter		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 126 N Queen St		Amount of Each Disbursement this Period 45.75
City Chestertown	State MD	
Zip Code 21620-1536	Purpose of Disbursement Postage Stamps	Transaction ID : VN8Z2C6SFB31
Candidate Name	Category/Type	
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. Christina Showalter		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 126 N Queen St		Amount of Each Disbursement this Period 97.50
City Chestertown	State MD	
Zip Code 21620-1536	Purpose of Disbursement Postage Stamps	Transaction ID : VN8Z2CJ9KB01
Candidate Name	Category/Type	
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. Christina Showalter		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 126 N Queen St		Amount of Each Disbursement this Period 16.81
City Chestertown	State MD	
Zip Code 21620-1536	Purpose of Disbursement Office Supplies	Transaction ID : VN8Z2CJ9KC8I
Candidate Name	Category/Type	
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)	* In-Kind Received
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	160.06
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 103 OF 114	
	<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. Thomas J Shuster		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 12517 Deer Point Cir		Amount of Each Disbursement this Period 179.02
City Berlin	State MD	
Zip Code 21811-2568	Purpose of Disbursement Supplies for house party	Transaction ID : VN8Z2C3Y0W9I
Candidate Name	Category/Type	
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. Donald Singleton		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 202 Station St PO Box 173		Amount of Each Disbursement this Period 243.13
City Mardela Springs	State MD	
Zip Code 21837-2493	Purpose of Disbursement Supplies for house party	Transaction ID : VN8Z2C3G517I
Candidate Name	Category/Type	
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. Staples, Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 8168 Elliott Rd		Amount of Each Disbursement this Period 74.19
City Easton	State MD	
Zip Code 21601-7110	Purpose of Disbursement Office Supplies	Transaction ID : VN7ZT9Q0HD7
Candidate Name	Category/Type 001	
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).....	496.34
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 104 OF 114			
	<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. Staples, Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 8168 Elliott Rd		Amount of Each Disbursement this Period 379.38 Transaction ID : VN7ZT9R5ZS6
City Easton State MD Zip Code 21601-7110	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
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. Staples, Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address 8168 Elliott Rd		Amount of Each Disbursement this Period 25.43 Transaction ID : VN7ZT9RS763
City Easton State MD Zip Code 21601-7110	Purpose of Disbursement Invitations Candidate Name Category/Type 003	
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. Mark Stover		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 4712 Falcon St		Amount of Each Disbursement this Period 300.00 Transaction ID : VN8Z2C6QPJ9I
City Rockville State MD Zip Code 20853-3427	Purpose of Disbursement Ticket to an event Candidate Name Category/Type	
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:	* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	379.38
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 105 OF 114	
	<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. Sunny's Mart		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 176 Flatland Rd		Amount of Each Disbursement this Period 64.11 Transaction ID : VN7ZT9RQ742
City Chestertown	State MD	
Zip Code 21620-3363	Purpose of Disbursement Travel Expense	Category/ Type 002
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. SunTrust Banks, Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 611 Washington Ave		Amount of Each Disbursement this Period 471.31 Transaction ID : VN7ZT9RYFT5
City Chestertown	State MD	
Zip Code 21620-1219	Purpose of Disbursement Bankcard merchandise fees	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) C. SunTrust Banks, Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 611 Washington Ave		Amount of Each Disbursement this Period 159.33 Transaction ID : VN7ZT9RYGW3
City Chestertown	State MD	
Zip Code 21620-1219	Purpose of Disbursement Bankcard Merchant Fees	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:	

SUBTOTAL of Disbursements This Page (optional).....	694.75
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 106 OF 114	
	<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. SunTrust Banks, Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 611 Washington Ave		Amount of Each Disbursement this Period 571.64 Transaction ID : VN7ZT9RYGR2
City Chestertown	State MD	
Zip Code 21620-1219	Purpose of Disbursement Bankcard Merchant Fees	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) B. Super Soda Center 1		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 302 S Maple Ave		Amount of Each Disbursement this Period 58.24 Transaction ID : VN7ZT9R1RC6
City Chestertown	State MD	
Zip Code 21620-1686	Purpose of Disbursement Travel Expense	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) c. Super Soda Center 1		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 302 S Maple Ave		Amount of Each Disbursement this Period 72.32 Transaction ID : VN7ZT9RY6G7
City Chestertown	State MD	
Zip Code 21620-1686	Purpose of Disbursement Travel Expense	Category/ Type 002
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).....	702.20
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 107 OF 114	
	<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. Target Stores

Mailing Address 28539 Marlboro Ave

City Easton State MD Zip Code 21601-2752

Purpose of Disbursement Food for Event

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 26 / 2014

Amount of Each Disbursement this Period: 21.92

Transaction ID : VN7ZT9R6DH2

Category/Type: 007

Full Name (Last, First, Middle Initial)

B. The Maccabee Group

Mailing Address 3509 Connecticut Ave NW 805

City Washington State DC Zip Code 20008-2400

Purpose of Disbursement Political Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : VN7ZT9RFA38

Category/Type: 005

Full Name (Last, First, Middle Initial)

c. The Maccabee Group

Mailing Address 3509 Connecticut Ave NW 805

City Washington State DC Zip Code 20008-2400

Purpose of Disbursement Political Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 18 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : VN7ZT9RX1M1

Category/Type: 005

SUBTOTAL of Disbursements This Page (optional) 8021.92

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 108 OF 114	
	<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. Travelers Insurance		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 150 Sawgrass Dr		Amount of Each Disbursement this Period 234.00 Transaction ID : VN7ZT9Q5YM1
City Rochester	State NY Zip Code 14620-4648	
Purpose of Disbursement Worker's Compensation Insurance		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)	Quarterly Payment to Travelers Insurance
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 202 E Water St		Amount of Each Disbursement this Period 92.00 Transaction ID : VN7ZT9Q0HE5
City Centreville	State MD Zip Code 21617-1158	
Purpose of Disbursement Postage		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) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 202 E Water St		Amount of Each Disbursement this Period 103.60 Transaction ID : VN7ZT9QAG50
City Centreville	State MD Zip Code 21617-1158	
Purpose of Disbursement Stamps		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).....	429.60
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : VN7ZT9Q0HE5

postal stamps

Form/Schedule:

Transaction ID:

**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 110 OF 114			
	<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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 202 E Water St			Amount of Each Disbursement this Period 5.60 Transaction ID : VN7ZT9R3642
City Centreville	State MD	Zip Code 21617-1158	
Purpose of Disbursement Postage	Candidate Name		Category/ Type 001
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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 202 E Water St			Amount of Each Disbursement this Period 98.00 Transaction ID : VN7ZT9RN0V1
City Centreville	State MD	Zip Code 21617-1158	
Purpose of Disbursement Postage	Candidate Name		Category/ Type 003
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. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 202 E Water St			Amount of Each Disbursement this Period 14.21 Transaction ID : VN7ZT9RS722
City Centreville	State MD	Zip Code 21617-1158	
Purpose of Disbursement Postage	Candidate Name		Category/ Type 007
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).....	117.81
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 111 OF 114	
	<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. John Vail		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 24046 Macs Ln		Amount of Each Disbursement this Period 9.99
City Worton	State MD	
Zip Code 21678-1363	Purpose of Disbursement Supplies	Transaction ID : VN82ZC3G574I
Candidate Name	Category/Type	
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. John Vail		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 24046 Macs Ln		Amount of Each Disbursement this Period 145.71
City Worton	State MD	
Zip Code 21678-1363	Purpose of Disbursement Supplies for house party	Transaction ID : VN82ZCERN07I
Candidate Name	Category/Type	
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 53.60
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Phone Service	Transaction ID : VN7ZT9Q0Z62
Candidate Name	Category/Type 001	
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).....	209.30
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 112 OF 114	
	<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. Verizon Wireless		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 53.60 Transaction ID : VN7ZT9R3659
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Phone Service	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. Verizon Wireless		Date of Disbursement MM / DD / YYYY 03 / 19 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 53.60 Transaction ID : VN7ZT9RNNB9
City Brookfield	State CT	
Zip Code 06804-2505	Purpose of Disbursement Phone Service	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) C. Vinny's La Roma Italian Restaurant		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 934 S Salisbury Blvd		Amount of Each Disbursement this Period 59.14 Transaction ID : VN7ZT9R6DJ0
City Salisbury	State MD	
Zip Code 21801-6317	Purpose of Disbursement Meal	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).....	166.34
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 113 OF 114	
	<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. Walgreens Stores		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 2440 Centreville Rd		Amount of Each Disbursement this Period 44.36
City Centreville	State MD	
Zip Code 21617-2802	Purpose of Disbursement Office Supplies	Transaction ID : VN7ZT9RF145
Candidate Name	Category/Type 001	
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. Wawa #589		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 8118 Ocean Gtwy 8118 Ocean Gateway		Amount of Each Disbursement this Period 65.93
City Easton	State MD	
Zip Code 21601-8630	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9R6DN3
Candidate Name	Category/Type 002	
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. WAWA 569		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 321 Buschs Frontage Rd		Amount of Each Disbursement this Period 50.72
City Annapolis	State MD	
Zip Code 21409-5534	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9RFDM7
Candidate Name	Category/Type 002	
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).....	161.01
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 114 OF 114	
	<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. Wye Mills BP			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014	
Mailing Address 212 Grange Hall Rd			Amount of Each Disbursement this Period 64.84	
City Queenstown	State MD	Zip Code 21658-1375	Transaction ID : VN7ZT9Q0Z21	
Purpose of Disbursement Travel Expense		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. Wye Mills BP			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 212 Grange Hall Rd			Amount of Each Disbursement this Period 71.95	
City Queenstown	State MD	Zip Code 21658-1375	Transaction ID : VN7ZT9RQ6V1	
Purpose of Disbursement Travel Expense		Category/ Type 002		
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.			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).....	136.79
TOTAL This Period (last page this line number only).....	52393.01