

# 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  
**KATHY AFZALI FOR CONGRESS**

ADDRESS (number and street) PO BOX 412  
 Check if different than previously reported. (ACC) BRADDOCK HEIGHTS MD 21714

2. **FEC IDENTIFICATION NUMBER** C C00511360 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
MD 06

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 04 / 03 / 2012 in the State of MD

(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 01 / 01 / 2012 through 03 / 14 / 2012

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 John Cornelius

Signature of Treasurer John Cornelius [Electronically Filed] Date 10 / 04 / 2012

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  
**KATHY AFZALI 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))....	10386.99	10386.99
(b) Total Contribution Refunds (from Line 20(d)) .....	999.99	999.99
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9387.00	9387.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11781.93	11781.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11781.93	11781.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7494.73	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

**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

**KATHY AFZALI FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8250.00	8250.00
(ii) Unitemized.....	1137.00	1137.00
(iii) TOTAL of contributions from individuals ▶	9387.00	9387.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	999.99	999.99
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10386.99	10386.99
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	10000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.28	0.28
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	20387.27	20387.27

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11781.93	11781.93
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).....	999.99	999.99
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	999.99	999.99
21. OTHER DISBURSEMENTS .....	110.62	110.62
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12892.54	12892.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20387.27
25. SUBTOTAL (add Line 23 and Line 24).....	20387.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12892.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7494.73

**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 17
	<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)  
**KATHY AFZALI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert L. Andreini**

Mailing Address 624 Geary Lane

City Lincoln State CA Zip Code 95648

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

Name of Employer Retired Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : SA11AI.4137**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ruth B Andreini**

Mailing Address P.O.Box 30938

City LasVegas State NV Zip Code 89173

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

Name of Employer Retired Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2012

**Transaction ID : SA11AI.4119**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**John and Charlotte Cornelius**

Mailing Address 9820 FoxRoad

City Frederick State MD Zip Code 21701

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

Name of Employer USAF Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
 500.00

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

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

3500.00

**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 17
	<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)  
**KATHY AFZALI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert E Friedland**

Mailing Address P.O. Box 30938

City Las Vegas State NV Zip Code 89173

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

Name of Employer Retired Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Darrell T. Guyton**

Mailing Address 12037 Muth Road

City Woodsboro State MD Zip Code 21798

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

Name of Employer Morgan Keller Construction Occupation Unknown

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2012

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dave and Diane Kline**

Mailing Address 17020 Bentwood Drive

City Hagerstown State MD Zip Code 21740

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

Name of Employer D and D Towing Occupation Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : SA11AI.4212**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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)  
**KATHY AFZALI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Steven R. Schuh**

Mailing Address 1710 Skippers Row  
P.O. Box 48

City Gibson Island State MD Zip Code 21056

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

Name of Employer State Of Maryland Occupation Delegate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : SA11AI.4143**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Clarence Valentine**

Mailing Address 11203 Keysville Road

City Taneytown State MD Zip Code 21774

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

Name of Employer Retired Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2012

**Transaction ID : SA11AI.4105**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Wolinsky**

Mailing Address 10041 Chartwell Manor Court

City Potomac State MD Zip Code 20854

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

Name of Employer Self Storage Plus Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11AI.4205**

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 8 OF 17
	<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)  
**KATHY AFZALI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brandon Younger**

Mailing Address 19355 Dual Highway

City Hagerstown State MD Zip Code 21740

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

Name of Employer Younger LLC Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2012

**Transaction ID : SA11Al.4109**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

8250.00



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

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

FOR LINE NUMBER: PAGE 9 OF 17  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**KATHY AFZALI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Committee To Re-Elect Kathy Afzali ( MD-Delegate)**

Mailing Address P.O. Box 412

City State Zip Code  
Braddock Heights MD 21714

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
999.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2012

**Transaction ID : SA11C.4170**

Amount of Each Receipt this Period  
999.99

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

999.99

999.99

**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 17
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**KATHY AFZALI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KATHY AFZALI**

Mailing Address **PO BOX 412**

City **BRADDOCK HEIGHTS** State **MD** Zip Code **21714**

FEC ID number of contributing federal political committee. **C H2MD06229**

Name of Employer **Self-Employed** Occupation **Consultant/Realtor**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 /  /   
**01 / 30 / 2012**

**Transaction ID : SA13A.4196**

Amount of Each Receipt this Period  
  
**10000.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

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

**10000.00**

**10000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<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)  
**KATHY AFZALI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KATHY AFZALI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2012
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 793.17 <b>Transaction ID : SB17.4189</b>
City BRADDOCK HEIGHTS	State MD	
Zip Code 21714	Purpose of Disbursement Reimbursement for Computer Purchase/Campaign Materials	Category/ Type 001
Candidate Name	Office Sought: <input checked="" 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: MD District: 06	

Full Name (Last, First, Middle Initial) <b>B. Corporate Exposure</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012
Mailing Address 200 E. Patrick Street		Amount of Each Disbursement this Period 3646.74 <b>Transaction ID : SB17.4176</b>
City Frederick	State MD	
Zip Code 21701	Purpose of Disbursement Campaign Materials/ Signs / Bumper Stickers / Lapel Stickers	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Heather Duma</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address 217 W. Cedar Lane		Amount of Each Disbursement this Period 233.38 <b>Transaction ID : SB17.4165</b>
City Fruitland	State MD	
Zip Code 21826	Purpose of Disbursement Media Consultant Salary	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4673.29
<b>TOTAL</b> 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 12 OF 17			
	<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)  
**KATHY AFZALI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Heather Duma</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address 217 W. Cedar Lane		Amount of Each Disbursement this Period 233.38
City Fruitland	State MD	
Zip Code 21826	Purpose of Disbursement Media Consultant Salary	<b>Transaction ID : SB17.4175</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Heather Duma</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 217 W. Cedar Lane		Amount of Each Disbursement this Period 233.38
City Fruitland	State MD	
Zip Code 21826	Purpose of Disbursement Media Consultant Salary	<b>Transaction ID : SB17.4179</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Heather Duma</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 217 W. Cedar Lane		Amount of Each Disbursement this Period 233.38
City Fruitland	State MD	
Zip Code 21826	Purpose of Disbursement Media Consultant Salary	<b>Transaction ID : SB17.4181</b>
Candidate Name	Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	700.14
<b>TOTAL</b> 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 13 OF 17			
	<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)  
**KATHY AFZALI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Heather Duma</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 217 W. Cedar Lane		Amount of Each Disbursement this Period 233.38
City Fruitland	State MD	
Zip Code 21826	Purpose of Disbursement Media Consultant Salary	<b>Transaction ID : SB17.4187</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Stauffer</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 150.00
City Nokesville	State VA	
Zip Code 20181	Purpose of Disbursement Digital Camera	<b>Transaction ID : SB17.4160</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jennifer Stauffer</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69
City Nokesville	State VA	
Zip Code 20181	Purpose of Disbursement Campaign Manager Salary	<b>Transaction ID : SB17.4161</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.07
<b>TOTAL</b> 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 14 OF 17			
	<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)  
**KATHY AFZALI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Stauffer</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 <b>Transaction ID : SB17.4162</b>
City Nokesville State VA Zip Code 20181	Purpose of Disbursement Campaign Manager Salary Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Stauffer</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 <b>Transaction ID : SB17.4164</b>
City Nokesville State VA Zip Code 20181	Purpose of Disbursement Campaign Manager Salary Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Stauffer</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 <b>Transaction ID : SB17.4174</b>
City Nokesville State VA Zip Code 20181	Purpose of Disbursement Campaign Manager Salary Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2450.07
<b>TOTAL</b> 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 15 OF 17			
	<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)  
**KATHY AFZALI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Stauffer</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 <b>Transaction ID : SB17.4178</b>
City Nokesville State VA Zip Code 20181	Purpose of Disbursement Campaign Manager Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Stauffer</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 <b>Transaction ID : SB17.4180</b>
City Nokesville State VA Zip Code 20181	Purpose of Disbursement Campaign Manager Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Stauffer</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 <b>Transaction ID : SB17.4186</b>
City Nokesville State VA Zip Code 20181	Purpose of Disbursement Campaign Manager Salary Candidate Name Category/Type 001	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2450.07
<b>TOTAL</b> This Period (last page this line number only).....	11473.64

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

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NAME OF COMMITTEE (In Full)  
**KATHY AFZALI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Committee To Re-Elect Kathy Afzali ( MD-Delegate)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2012</b>
Mailing Address P.O. Box 412		Amount of Each Disbursement this Period <b>999.99</b>
City Braddock Heights	State MD	
Zip Code 21714	Purpose of Disbursement	<b>Transaction ID : SB20C.4167</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>999.99</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>999.99</b>



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

NAME OF COMMITTEE (In Full) **KATHY AFZALI FOR CONGRESS** Transaction ID : **SC/10.4196**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**KATHY AFZALI**  Primary  
 Mailing Address PO BOX 412  General  
 Other (specify) ▼

City State ZIP Code  
 BRADDOCK HEIGHTS MD 21714

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

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 01 / 30 / 2012 M M / D D / 03/15/2013 0.00 % (apr)  Yes  No

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

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

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

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