

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
06 / 05 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Frances Miller
Signature of Treasurer Frances Miller *[Electronically Filed]* Date M M / D D / Y Y Y Y
07 / 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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 28

Write or Type Committee Name

LaFerla For Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
06		05		2014

To:

M M	/	D D	/	Y Y Y Y
06		30		2014

	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))....	9055.00	272798.02
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9055.00	272798.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44560.62	278166.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	235.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44560.62	277931.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19094.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	21000.00	

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).....	7465.00	222086.38
(ii) Unitemized.....	1590.00	49711.64
(iii) TOTAL of contributions from individuals ▶	9055.00	271798.02
(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))..	9055.00	272798.02
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	21000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	21000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	235.25
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	7.76	7.76
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9062.76	294041.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44560.62	278166.87
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) ►	44560.62	279783.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54592.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9062.76
25. SUBTOTAL (add Line 23 and Line 24).....	63655.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44560.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19094.49

**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 28
	<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)
Alan M Appleford

Mailing Address 6284 Clive Ave

City State Zip Code
Oakland CA 94611-1714

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : VN8Z2CV04D4

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Maxwell Baldwin

Mailing Address 416 Fairfax Dr

City State Zip Code
Little Rock AR 72205-4310

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

Name of Employer Occupation
retired Ob-Gyn

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : VN8Z2CTKF91

Amount of Each Receipt this Period
250.00

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

Mailing Address 4922 Augustine Herman Hwy

City State Zip Code
Earleville MD 21919-1611

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

Name of Employer Occupation
APEC Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1016.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : VN8Z2CTPHZ5

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 6 OF 28
	<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 Leon Bryan Jr.

Mailing Address 13761 Shallcross Wharf Rd

City Kennedyville State MD Zip Code 21645-3439

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : VN8Z2CV3PJ4

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Harvey Cohen MD

Mailing Address 5691 Southmoor Ln

City Englewood State CO Zip Code 80111-1043

FEC ID number of contributing federal political committee.

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
 06 / 09 / 2014

Transaction ID : VN8Z2CTAJC1

Amount of Each Receipt this Period

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

Mailing Address 48 S Arlington Ave

City Indianapolis State IN Zip Code 46219-6508

FEC ID number of contributing federal political committee.

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
 06 / 18 / 2014

Transaction ID : VN8Z2CV1DJ9

Amount of Each Receipt this Period

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

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 7 OF 28
	<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 P Dickey

Mailing Address 318 Brookdale Dr

City Vacaville State CA Zip Code 95687-6212

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : VN8Z2CV4CT4

Amount of Each Receipt this Period
500.00

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

Mailing Address 23746 Lovely Ln

City Chestertown State MD Zip Code 21620-5253

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
 06 / 19 / 2014

Transaction ID : VN8Z2CV4D68

Amount of Each Receipt this Period
50.00

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : VN8Z2CTD8X0

Amount of Each Receipt this Period
100.00

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 8 OF 28
	<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)
Anne M Gay

Mailing Address 4823 Keswick Rd

City Baltimore State MD Zip Code 21210-2340

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
250.00

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

Transaction ID : VN8Z2CSX2N7

Amount of Each Receipt this Period
250.00

B. 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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : VN8Z2CTD7V2

Amount of Each Receipt this Period
100.00

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

Mailing Address 111 Duncannon Rd

City Bel Air State MD Zip Code 21014-5624

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
 06 / 06 / 2014

Transaction ID : VN8Z2CSXAE8

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 9 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

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

Mailing Address 14006 Huyett 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 **1090.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 07 / 2014

Transaction ID : VN8Z2CT5H12

Amount of Each Receipt this Period
90.00

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

Mailing Address 13842 Gregg Neck Rd

City Galena State MD Zip Code 21635-1301

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

Name of Employer Baker, Donelson, Bearman, Caldwell & B Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1381.14**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : VN8Z2CW6S06

Amount of Each Receipt this Period
250.00

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

Mailing Address 6923 Hagy Rd

City Rock Hall State MD Zip Code 21661-1600

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

Name of Employer Johns Hopkins Community Physicians Occupation Pediatrician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : VN8Z2CSX549

Amount of Each Receipt this Period
50.00

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

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

390.00

**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 28
	<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)
Reuben L Last

Mailing Address 915 Ridgecrest Dr SE

City Albuquerque State NM Zip Code 87108-3370

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

Name of Employer VA Medical Center Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : VN8Z2CT5GV5

Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : VN8Z2CTAH97

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
William W Lindsay

Mailing Address 201 Richard Dr

City Chestertown State MD Zip Code 21620-1647

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
 06 / 19 / 2014

Transaction ID : VN8Z2CV4CX7

Amount of Each Receipt this Period
 100.00

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

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 11 OF 28
	<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 **250.00**

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

Transaction ID : VN8Z2CSX438

Amount of Each Receipt this Period
25.00

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 **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2014

Transaction ID : VN8Z2CT0H98

Amount of Each Receipt this Period
250.00

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

Mailing Address 349 Main St

City Laurel State MD Zip Code 20707-7112

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

Name of Employer Hearts & Homes for Youth Occupation President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : VN8Z2CTB9H1

Amount of Each Receipt this Period
500.00

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

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

775.00

**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 28
	<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)
Eugene William Stetson III

Mailing Address 139 Elm St

City State Zip Code
Norwich VT 05055-9445

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

Name of Employer Occupation
Self Employed Film Producer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : VN8Z2CSWS69

Amount of Each Receipt this Period
500.00

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 Occupation
Self Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : VN8Z2CSX242

Amount of Each Receipt this Period
500.00

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

Mailing Address 6850 Chili Hill Rd

City State Zip Code
Newcastle CA 95658-9648

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

Name of Employer Occupation
self physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : VN8Z2CTZVF9

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 13 OF 28
	<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)
Joanne M Waeltermann

Mailing Address **PO Box 247**

City **Glyndon** State **MD** Zip Code **21071-0247**

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 **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : VN8Z2CTDB98

Amount of Each Receipt this Period
150.00

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 **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : VN8Z2CV3PW3

Amount of Each Receipt this Period
250.00

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

Mailing Address **5317 60 Foot Rd**

City **Parsonsburg** State **MD** Zip Code **21849-2120**

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
06 / 12 / 2014

Transaction ID : VN8Z2CTG7R8

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 14 OF 28
	<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)
Kin Wun MD

Mailing Address 415 Washington Ave

City State Zip Code
Chestertown MD 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
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : VN8Z2CTG801

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Just Cause Strategy Consultants LLC

Mailing Address PO Box 244

City State Zip Code
Chestertown MD 21620-0244

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : VN8Z2CT5GB9

Amount of Each Receipt this Period
500.00

LLC - Members below if itemized. Permissible funds.

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

Mailing Address PO Box 244

City State Zip Code
Chestertown MD 21620-0244

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

Name of Employer Occupation
Just Cause Strategy Consultants, LLC Consultant/Photographer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : VN8Z2CT5GC7

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
*

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

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

600.00

7465.00

**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 15 OF 28			
	<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. Acme		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 611 Railroad Ave		Amount of Each Disbursement this Period 63.90
City Centreville	State MD	
Zip Code 21617-1144		
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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 2.97
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. Amazon.com, Inc.		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 114.99
City Seattle	State WA	
Zip Code 98108-1300		
Purpose of Disbursement Printer Cartridge	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:		

SUBTOTAL of Disbursements This Page (optional).....	181.86
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 16 OF 28			
	<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. Steven T Bushar			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 762 President Ave			Amount of Each Disbursement this Period 23.85 Transaction ID : VN7ZT9SQEF4
City Lawrenceville	State NJ	Zip Code 08648-4442	
Purpose of Disbursement Reimbursement	Candidate Name		Category/ Type 006
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. Jan Cayce			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 332 Devon Dr			Amount of Each Disbursement this Period 151.59 Transaction ID : VN7ZT9ST1K1
City Chestertown	State MD	Zip Code 21620-3365	
Purpose of Disbursement Reimbursement	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:			supplies for poll workers

Full Name (Last, First, Middle Initial) c. Cecilton Mini Mart			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 102 W Main St			Amount of Each Disbursement this Period 72.83 Transaction ID : VN7ZT9SWEF2
City Cecilton	State MD	Zip Code 21913-1001	
Purpose of Disbursement Travel Expense	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).....	248.27
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 17 OF 28			
	<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. DAYSPRING WATER LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 5620 Landing Neck Rd		Amount of Each Disbursement this Period 27.28
City Trappe	State MD Zip Code 21673-1649	
Purpose of Disbursement Water Cooler	Category/Type 001	Transaction ID : VN7ZT9ST449
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. Domino's Pizza LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 2328 Pulaski Hwy		Amount of Each Disbursement this Period 55.13
City North East	State MD Zip Code 21901-3729	
Purpose of Disbursement Food for Volunteers	Category/Type 007	Transaction ID : VN7ZT9SWC35
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 06 / 21 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 58.32
City Centreville	State MD Zip Code 21617-2069	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : VN7ZT9SW2W0
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).....	140.73
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 18 OF 28			
	<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 06 / 21 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 54.44
City Centreville	State MD	
Zip Code 21617-2069		
Purpose of Disbursement Travel Expense		Category/ Type 002
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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 06 / 25 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 68.09
City Centreville	State MD	
Zip Code 21617-2069		
Purpose of Disbursement Travel Expense		Category/ Type 002
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Italian Sensation		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 225 Brierhill Dr Ste D		Amount of Each Disbursement this Period 19.59
City Bel Air	State MD	
Zip Code 21015-4958		
Purpose of Disbursement Food for Volunteers		Category/ Type 007
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	142.12
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 19 OF 28			
	<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. Johnny's Pizza		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 5601 Coastal Hwy		Amount of Each Disbursement this Period 70.40
City Ocean City	State MD	
Zip Code 21842-8055	Purpose of Disbursement Food for Volunteers	Transaction ID : VN7ZT9SR14
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:		

Full Name (Last, First, Middle Initial) B. Jun's Centreville Citgo Inc		Date of Disbursement MM / DD / YYYY 06 / 07 / 2014
Mailing Address 426 S Commerce St		Amount of Each Disbursement this Period 62.79
City Centreville	State MD	
Zip Code 21617-1220	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9SNN39
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. KHZTV Radio		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 400 Hiobs Ln		Amount of Each Disbursement this Period 40.00
City Aberdeen	State MD	
Zip Code 21001-2921	Purpose of Disbursement Radio Advertising Expense	Transaction ID : VN7ZT9ST423
Candidate Name	Category/ Type 004	
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).....	173.19
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 20 OF 28			
	<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. Molly's Mart		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 12503 Augustine Herman Hwy		Amount of Each Disbursement this Period 71.84 Transaction ID : VN7ZT9SWCB8
City Kennedyville State MD Zip Code 21645-3225	Purpose of Disbursement Travel Expense 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. Panera Bread Company		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 8933 Ocean Gtwy		Amount of Each Disbursement this Period 6.34 Transaction ID : VN7ZT9SRX63
City Easton State MD Zip Code 21601-7118	Purpose of Disbursement Food for Volunteers 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:	

Full Name (Last, First, Middle Initial) c. Panera Bread Company		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 8933 Ocean Gtwy		Amount of Each Disbursement this Period 8.15 Transaction ID : VN7ZT9SRY06
City Easton State MD Zip Code 21601-7118	Purpose of Disbursement Food for Volunteers 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).....	71.84
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 21 OF 28			
	<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 06 / 16 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1317.97
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	Category/Type 001	Transaction ID : VN7ZT9SRWH7
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 06 / 16 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 6225.93
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	Category/Type 001	Transaction ID : VN7ZT9SRWJ5
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 06 / 17 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 124.02
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	Transaction ID : VN7ZT9SSH48
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).....	7667.92
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 22 OF 28	
	<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. Plaza Mexico		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 2314 Bel Air Rd		Amount of Each Disbursement this Period 60.94
City Fallston	State MD	
Zip Code 21047-2716	Purpose of Disbursement Food for Volunteers	Transaction ID : VN7ZT9SWC19
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:		

Full Name (Last, First, Middle Initial) B. Priceline		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 191.56
City Norwalk	State CT	
Zip Code 06854-1631	Purpose of Disbursement Hotel Room	Transaction ID : VN7ZT9STTR4
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. Ramada Inn		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 1721 Reisterstown Rd		Amount of Each Disbursement this Period 193.90
City Pikesville	State MD	
Zip Code 21208-2915	Purpose of Disbursement Hotel Room	Transaction ID : VN7ZT9SWC84
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).....	446.40
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 23 OF 28	
	<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 06 / 23 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 69.64 Transaction ID : VN7ZT9SWC01
City Chestertown	State MD	
Zip Code 21620-2387	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. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period 434.28 Transaction ID : VN7ZT9SQGH3
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. Shell		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 511 Maryland Ave		Amount of Each Disbursement this Period 65.40 Transaction ID : VN7ZT9SSH89
City Cambridge	State MD	
Zip Code 21613-1929	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).....	569.32
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 24 OF 28			
	<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. Stoked		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 413 Muir St		Amount of Each Disbursement this Period 76.78
City Cambridge	State MD	
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	State: District:	

Full Name (Last, First, Middle Initial) B. TruBlu Politics		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 10133 Maplewood Dr		Amount of Each Disbursement this Period 11500.00
City Ellicott City	State MD	
Purpose of Disbursement Direct Mail		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. TruBlu Politics		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 10133 Maplewood Dr		Amount of Each Disbursement this Period 23000.00
City Ellicott City	State MD	
Purpose of Disbursement Direct Mail		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	34576.78
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 25 OF 28			
	<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 06 / 09 / 2014
Mailing Address 202 E Water St		Amount of Each Disbursement this Period 16.95 Transaction ID : VN7ZT9SNRK1
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) B. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 202 E Water St		Amount of Each Disbursement this Period 16.95 Transaction ID : VN7ZT9SQDE3
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 06 / 30 / 2014
Mailing Address 202 E Water St		Amount of Each Disbursement this Period 49.00 Transaction ID : VN7ZT9SWEC8
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:	

SUBTOTAL of Disbursements This Page (optional).....	82.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 28	
	<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 LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO Box 660720		Amount of Each Disbursement this Period 205.69 Transaction ID : VN7ZT9SR272
City Dallas State TX Zip Code 75266-0720	Purpose of Disbursement Phones and Internet 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 M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 53.60 Transaction ID : VN7ZT9ST1N7
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.		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).....	259.29
TOTAL This Period (last page this line number only).....	44560.62

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LaFerla For Congress

Transaction ID : VN8Z2CR3V15L

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

John J LaFerla

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
209 Birch Run Rd

City State ZIP Code
Chestertown MD 21620-1639

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred: M 05 / D 15 / Y 2014
 Date Due: M / D / Y none
 Interest Rate: none % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
LaFerla For Congress

Transaction ID : VN8Z2CS1T92L

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

John J LaFerla

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
209 Birch Run Rd

City State ZIP Code
Chestertown MD 21620-1639

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
20000.00 0.00 20000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 29 / Y 2014 M M / D D / Y none % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 20000.00
TOTALS This Period (last page in this line only)..... 21000.00

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