

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2015 FEB -2 PM 12:33 FEC MAIL CENTER

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

LAFERLA FOR CONGRESS

ADDRESS (number and street) 209 BIRCH RUN RD

Check if different than previously reported. (ACC)

CHESTER TOWN MD 21620

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00507335

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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) (AND), 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 10 01 2014 through 12 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 A. MILLER

Signature of Treasurer Frances A. Miller

Date 01 29 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Table with 10 columns and 1 row for Office Use Only.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

LAFERLA FOR CONGRESS

Report Covering the Period: From:

10 01 2014

To:

12 31 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))		
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)		
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
8. Cash on Hand at Close of Reporting Period (from Line 27)		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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)

Page 3

Write or Type Committee Name

LA FERLA for CONGRESS

Report Covering the Period: From:

10 01 2014

To:

12 31 2014

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).....	2025.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions from individuals ▶	325.71	
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	300.00	
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8 26 50.71	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	\$ 338.08	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	\$ 2094.23	
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	\$ 2432.31	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....		
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	\$ 2,650.71	
25. SUBTOTAL (add Line 23 and Line 24).....		
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	\$ 2432.31	
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	[NONE]	

**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	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b
	<input type="checkbox"/> 11d <input type="checkbox"/> 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)
ROBERT W. PEELE

Mailing Address
130 OKLAHOMA AVE

City **OAK RIDGE** State **TN** Zip Code **37830**

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

Name of Employer **RETIRED** Occupation **PHYSICIST**

Receipt For:
 Primary General
 Other (specify)
DEBT RELIEF

Election Cycle-to-Date

Date of Receipt
8/12/14

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
SYBIL WOLIN

Mailing Address
10705 TILDEN LANE

City **CHESTERTOWN** State **MD** Zip Code **21620**

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

Name of Employer **SELF** Occupation **AUTHOR**

Receipt For:
 Primary General
 Other (specify)
DEBT RELIEF

Election Cycle-to-Date

Date of Receipt
9/14/2014

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DEMOCRATIC CLUB OF WORCESTER COUNTY, INC

Mailing Address
PO Box 1664

City **BERLIN** State **MD** Zip Code **21811**

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

Name of Employer **N/A** Occupation

Receipt For:
 Primary General
 Other (specify)
DEBT RELIEF

Election Cycle-to-Date

Date of Receipt
10/24/14

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **\$ 850.00**

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

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

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

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MELVIN S. RAPELYEA, MD

Mailing Address
17 BAYSIDE BLVD

City **BETTERTON** State **MD** Zip Code **21610**

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

Name of Employer **UNIV. MD. HEALTH SYST.** Occupation **RADIOLOGIST**

Receipt For:
 Primary General
 Other (specify) **Debt Relief**

Election Cycle-to-Date

Date of Receipt
7 OCT 2014

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GOLDBERG, NELSON H.

Mailing Address
12165 Falls Rd

City **Cockeysville** State **MD** Zip Code **21030**

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

Name of Employer **UNIV. MD HEALTH SYST.** Occupation **SURGEON**

Receipt For:
 Primary General
 Other (specify) **Debt Relief**

Election Cycle-to-Date

Date of Receipt
18 SEP 2014

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LINDSAY, WILLIAM W.

Mailing Address
201 RICHARD DRIVE

City **CHESTER TOWN** State **MD** Zip Code **21620**

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

Name of Employer **RETIRED** Occupation **Ret.**

Receipt For:
 Primary General
 Other (specify) **Debt Relief**

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **\$ 700.00**

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
LAFERLA for CONGRESS

Full Name (Last, First, Middle Initial) A. BAKER, MARGIE R.		Date of Receipt 12 DEC 2014
Mailing Address 220 CALVERT ST		Amount of Each Receipt this Period 100.00
City CHESTERTOWN	State MD	
Zip Code 21620		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Relief	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. SACK, DAVID A.		Date of Receipt
Mailing Address 2117 BELLVALE RD		Amount of Each Receipt this Period 100.00
City FALLSTON	State MD	
Zip Code 21047		
FEC ID number of contributing federal political committee. C		
Name of Employer JOHNS HOPKINS	Occupation PHYSICIAN	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Relief	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. FITZPATRICK, JOYCE		Date of Receipt
Mailing Address 103 PROSPECT BAY DR. W		Amount of Each Receipt this Period 50.00
City GRASONVILLE	State MD	
Zip Code 21638		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Relief	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)..... \$ 250.00	
TOTAL This Period (last page this line number only).....	

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

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

Mailing Address
31 N. DECKER AVE

City **BALTIMORE** State **MD** Zip Code **21224**

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

Name of Employer **CHASE-BREXTON** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify)
Debt Relief

Election Cycle-to-Date

Date of Receipt
14 DEC 2014

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
FRITCH, M. JACQUELINE

Mailing Address
415 PENNSYLVANIA AVE

City **SALISBURY** State **MD** Zip Code **21801**

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

Name of Employer **RETIRED** Occupation

Receipt For:
 Primary General
 Other (specify)
Debt Relief

Election Cycle-to-Date

Date of Receipt
15 DEC 2014

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
CODISPOTI, LOUIS A

Mailing Address
4772 SAILORS RETREAT RD

City **OXFORD** State **MD** Zip Code **21654**

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

Name of Employer **RETIRED** Occupation

Receipt For:
 Primary General
 Other (specify)
Debt Relief

Election Cycle-to-Date

Date of Receipt
16 DEC 2014

Amount of Each Receipt this Period
100.00

\$ 225.00

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

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NAME OF COMMITTEE (In Full)
LAFERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEAT MARTIN T.

Mailing Address
1113 RIVERSIDE DR

City **SALISBURY** State **MD** Zip Code **21801**

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

Name of Employer Occupation
BANKER

Receipt For:
 Primary General
 Other (specify)
DEBT RELIEF

Election Cycle-to-Date

Date of Receipt
20 DEC 2014

Amount of Each Receipt this Period
50.-

B. Full Name (Last, First, Middle Initial)
STOVER MARK C.

Mailing Address
STO 4712 FALCON CT

City **ROCKVILLE** State **MD** Zip Code **20853**

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

Name of Employer Occupation
CONTRACTOR / BUILDER

Receipt For:
 Primary General
 Other (specify)
Debt Relief

Election Cycle-to-Date

Date of Receipt
22 DEC 2014

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **\$ 300.00**

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

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NAME OF COMMITTEE (In Full)
LAFERLA for CONGRESS

Full Name (Last, First, Middle Initial) A. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 29 NOV 2014
Mailing Address		Amount of Each Disbursement this Period 49.00
City CHESTERTOWN	State MD	
Zip Code 21620		Category/ Type
Purpose of Disbursement POSTAGE STAMPS (100 @ 49¢)		
Candidate Name JOHN LAFERLA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MD District: 01	

Full Name (Last, First, Middle Initial) B. PAYCHEX of NEW YORK LLC		Date of Disbursement M M / D D / Y Y Y Y 29 JAN 2015 (LATE PYMT)
Mailing Address 700 RED BROOK BLVD SUITE 300		Amount of Each Disbursement this Period 289.08
City OWINGS MILLS	State MD	
Zip Code 21117		Category/ Type
Purpose of Disbursement FINAL PYMT (W2'S, 1099's etc)		
Candidate Name JOHN LAFERLA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MD District: 01	

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		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional)	\$ 49.00 \$ 338.08
TOTAL This Period (last page this line number only)	\$ 49.00 \$ 338.08

LAFERLA FOR CONGRESS

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
LAFERLA for CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) LAFERLA, JOHN J. (CANDIDATE)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State
ZIP Code	

Original Amount of Loan	Cumulative Payment To Date THIS QTR	Balance Outstanding at Close of This Period
	\$ 2094.23	(APPROX \$ 16,906.)

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

LAFERLA FOR CONGRESS

FOR CONGRESS

Rd RD

MD 20463

UNITED STATES POSTAL SERVICE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7012 1010 0003 6258 9395



1000



20463

U.S. POSTAGE
PAID
CHESTER TOWN, MD
JAN 30, 15
AMOUNT

\$7.61

00051248-09

RECEIVED
FEB -2 PM 12:30
LC MAIL CENTER

FEDERAL ELECTION COMMISSION

999 E STREET NW

WASHINGTON DC

20463

