

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 04 / 03 / 2012 in the State of MD

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 03 / 20 / 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)	11548.55	11548.55
(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)).....	11548.55	11548.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7728.11	
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).....	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: / /

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).....	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
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.28	0.28
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	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.....	11548.55	11548.55
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12659.16	12659.16

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).....	12659.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7728.11

**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
 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
 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
 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: 500.00

Date of Receipt: 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: 500.00

Date of Receipt: 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: 500.00

Date of Receipt: 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 : SA11AI.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: (check only one)	PAGE 9 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
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

Full Name (Last, First, Middle Initial) KATHY AFZALI		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2012	
Mailing Address PO BOX 412		Transaction ID : SA13A.4196	
City BRADDOCK HEIGHTS	State MD	Zip Code 21714	Amount of Each Receipt this Period _____ 10000.00
FEC ID number of contributing federal political committee.		C H2MD06229	
Name of Employer Self- Employed	Occupation Consultant/Realtor		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 10000.00		

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period _____	
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period _____	
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

SUBTOTAL of Receipts This Page (optional).....	_____ 10000.00
TOTAL This Period (last page this line number only).....	_____ 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) A. KATHY AFZALI		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 Transaction ID : SB17.4189
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	
State: MD District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Corporate Exposure		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 Transaction ID : SB17.4176
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Heather Duma		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 Transaction ID : SB17.4165
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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4673.29
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 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) A. Heather Duma		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	Transaction ID : SB17.4175
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. Heather Duma		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	Transaction ID : SB17.4179
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) C. Heather Duma		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 0.00
City Fruitland	State MD	
Zip Code 21826	Purpose of Disbursement Media Consultant Salary	Transaction ID : SB17.4181
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:		

SUBTOTAL of Disbursements This Page (optional).....	466.76
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 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) A. Heather Duma		Date of Disbursement MM / DD / YYYY 03 / 09 / 2012
Mailing Address 217 W. Cedar Lane		Amount of Each Disbursement this Period 233.38 Transaction ID : SB17.4187
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:	

Full Name (Last, First, Middle Initial) B. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 01 / 27 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4160
City Nokesville	State VA	
Zip Code 20181	Purpose of Disbursement Digital Camera	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:	

Full Name (Last, First, Middle Initial) c. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 01 / 31 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 Transaction ID : SB17.4161
City Nokesville	State VA	
Zip Code 20181	Purpose of Disbursement Campaign Manager 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:	

SUBTOTAL of Disbursements This Page (optional).....	1200.07
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 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) A. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 02 / 03 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 Transaction ID : SB17.4162
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. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 Transaction ID : SB17.4164
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) c. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 02 / 21 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 Transaction ID : SB17.4174
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)	

SUBTOTAL of Disbursements This Page (optional).....	2450.07
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 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) A. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 Transaction ID : SB17.4178
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. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 03 / 05 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 Transaction ID : SB17.4180
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) c. Jennifer Stauffer		Date of Disbursement MM / DD / YYYY 03 / 09 / 2012
Mailing Address 11991 Bluegrass Court		Amount of Each Disbursement this Period 816.69 Transaction ID : SB17.4186
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:	

SUBTOTAL of Disbursements This Page (optional).....	2450.07
TOTAL This Period (last page this line number only).....	11240.26

**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) A. Committee To Re-Elect Kathy Afzali (MD-Delegate)		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012
Mailing Address P.O. Box 412		Amount of Each Disbursement this Period 999.99
City Braddock Heights	State MD	
Zip Code 21714	Purpose of Disbursement	Transaction ID : SB20C.4167
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.		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) 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	
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:		

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

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) KATHY AFZALI	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 412		

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:
M 01	D 30	Y 2012 Y	M M / D D / Y 03/15/2013 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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 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).....	▶	10000.00
TOTALS 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.