

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 06 / 24 / 2014 in the State of MD
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 04 / 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 06 / 12 / 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 / 79

Write or Type Committee Name

LaFerla For Congress

Report Covering the Period: From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
06		04		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))....	47318.61	263743.02
(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)).....	47318.61	263743.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	79814.30	233606.25
(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)).....	79814.30	233371.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	54592.35	
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).....	38328.61	214621.38
(ii) Unitemized.....	8990.00	48121.64
(iii) TOTAL of contributions from individuals ▶	47318.61	262743.02
(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))..	47318.61	263743.02
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.....	21000.00	21000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	21000.00	21000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	235.25
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	68318.61	284978.27

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79814.30	233606.25
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) ▶	79814.30	235223.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	66088.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	68318.61
25. SUBTOTAL (add Line 23 and Line 24).....	134406.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79814.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	54592.35

**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 79
	<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)
O. Marie Anderson

Mailing Address 919 N Meadowview Dr

City State Zip Code
Chestertown MD 21620-3307

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
619.85

Date of Receipt
 M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : VN8Z2CN9B01

Amount of Each Receipt this Period
300.00

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

Mailing Address 220 Calvert St

City State Zip Code
Chestertown MD 21620-1302

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 18 / 2014

Transaction ID : VN8Z2CR3JJ8

Amount of Each Receipt this Period
100.00

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

Mailing Address 7332 Brightside Rd

City State Zip Code
Baltimore MD 21212-1011

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

Name of Employer Occupation
none writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

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

Transaction ID : VN8Z2CPEKY0

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 79
	<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)
Foster J Beach

Mailing Address 20697 Andrew Rd

City State Zip Code
Rock Hall MD 21661-1603

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

Name of Employer Occupation
Hatch Mott MacDonald Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : VN8Z2CRG8C4

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ray Bellamy

Mailing Address 509 Vinnedge Ride

City State Zip Code
Tallahassee FL 32303-5141

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

Name of Employer Occupation
Tallahassee Orthopedic Clinic Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : VN8Z2CRW497

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Sandra and Robert Bjork

Mailing Address 110 Birch Run Rd

City State Zip Code
Chestertown MD 21620-1638

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
1140.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : VN8Z2CNBEQ6

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 7 OF 79
	<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)
Larry Bohan, M.D.

Mailing Address 5665 Deepwater Dr

City	State	Zip Code
Oxford	MD	21654-1508

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

Name of Employer	Occupation
Self Employed	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
 05 / 22 / 2014

Transaction ID : VN8Z2CRGQY9

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Martha W Bowsbey

Mailing Address 2600 Joseph Biggs Memorial Hwy

City	State	Zip Code
North East	MD	21901-1720

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

Name of Employer	Occupation
Not Employed	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : VN8Z2CRGQ93

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Walker G Buckner

Mailing Address 694 Unionville Rd

City	State	Zip Code
Kennett Square	PA	19348-1704

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

Name of Employer	Occupation
Self	Artist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 14 / 2014

Transaction ID : VN8Z2CMW634

Amount of Each Receipt this Period
500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
George Burns

Mailing Address **PO Box 871**

City **Crystal Beach** State **FL** Zip Code **34681-0871**

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

Name of Employer **Clearwater Dermatology** Occupation **physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : VN8Z2CQW9Y9

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Roger B Burt

Mailing Address **310 Cleveland Rd**

City **Saint Michaels** State **MD** Zip Code **21663-2854**

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

Name of Employer **Self** Occupation **Activist, Writer, Pyschiatrist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1215.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : VN8Z2CJA3C3

Amount of Each Receipt this Period
500.00

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

Mailing Address **3 Saint Johns Rd**

City **Baltimore** State **MD** Zip Code **21210-2121**

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : VN8Z2CMMGR9

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
Margaret and W.R. Carter

Mailing Address 14272 Drapers Mill Rd

City Greensboro State MD Zip Code 21639-1345

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : VN8Z2CN8QW3

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Eric Chandler

Mailing Address 5710 Poplar Ln

City Royal Oak State MD Zip Code 21662-1447

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : VN8Z2CJAY04

Amount of Each Receipt this Period
100.00

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

Mailing Address 5710 Poplar Ln

City Royal Oak State MD Zip Code 21662-1447

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : VN8Z2CPMB77

Amount of Each Receipt this Period
100.00

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

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

400.00

**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 79
	<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)
Eric Chandler

Mailing Address 5710 Poplar Ln

City State Zip Code
Royal Oak MD 21662-1447

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : VN8Z2CSFB83

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Amina Chaudhry

Mailing Address 31 N Decker Ave

City State Zip Code
Baltimore MD 21224-1354

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

Name of Employer Occupation
Chase Brexton Health Care Chief Medical Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : VN8Z2CR3FB6

Amount of Each Receipt this Period
1765.00

* In-Kind: Supplies and venue for fundraiser

C. Full Name (Last, First, Middle Initial)
Mussarat and Usama Chaudhry

Mailing Address 28 Norwood Way

City State Zip Code
Niskayuna NY 12309-4832

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

Name of Employer Occupation
Bellevue Women's Center NEO Radiologist

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
 05 / 07 / 2014

Transaction ID : VN8Z2CQ10R1

Amount of Each Receipt this Period
250.00

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

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

2115.00

**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 79
	<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)
Vicki G Cheikes

Mailing Address 23372 Water Cir

City State Zip Code
Boca Raton FL 33486-8552

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : VN8Z2CNDX5

Amount of Each Receipt this Period
200.00

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

Mailing Address 105 Camelot Dr

City State Zip Code
Chestertown MD 21620-3375

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

Name of Employer Occupation
Eastern Shore Family Footcare Podiatrist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : VN8Z2CN8QR2

Amount of Each Receipt this Period
300.00

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

Mailing Address 20 W 72nd St
Apt 506

City State Zip Code
New York NY 10023-4100

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

Name of Employer Occupation
Columbia University SIPA Adjunct Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : VN8Z2CTFXE0

Amount of Each Receipt this Period
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 79
	<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)
Muriel Cole

Mailing Address 207 E Campus Ave

City Chestertown State MD Zip Code 21620-1651

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
5600.00

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

Transaction ID : VN8Z2CM94G3

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Margaret Cook

Mailing Address 206 Birch Run Rd

City Chestertown State MD Zip Code 21620-1640

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
465.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : VN8Z2CK4VM2

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joan W Cox

Mailing Address 700 Port St
Apt 338

City Easton State MD Zip Code 21601-8155

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
253.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : VN8Z2CNR320

Amount of Each Receipt this Period
100.00

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
David Danner

Mailing Address 204 S Hanson St

City Easton State MD Zip Code 21601-2922

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

Name of Employer Chesapeake Pathology Assoc Occupation pathologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : VN8Z2CQ9JB1

Amount of Each Receipt this Period
200.00

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

Mailing Address 12024 Iguana Bay

City Boynton Beach State FL Zip Code 33436-2229

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

Name of Employer Not Employed Occupation Retired RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : VN8Z2CNR4N2

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
James P Denvir III

Mailing Address 5322 Falmouth Rd

City Bethesda State MD Zip Code 20816-2915

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

Name of Employer Boies, Schiller & Flexner Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : VN8Z2CRK9X3

Amount of Each Receipt this Period
250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

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

Mailing Address 104 Dove Ln

City State Zip Code
Centreville MD 21617-2333

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

Name of Employer Occupation
Self-employed Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : VN8Z2CMW0X7

Amount of Each Receipt this Period
250.00

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

Mailing Address 104 Dove Ln

City State Zip Code
Centreville MD 21617-2333

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

Name of Employer Occupation
Self-employed Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : VN8Z2CQK8W0

Amount of Each Receipt this Period
250.00

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

Mailing Address 6313 Cherry Walk Rd

City State Zip Code
Hebron MD 21830-2154

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : VN8Z2CNR387

Amount of Each Receipt this Period
200.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 79
	<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)
Stuart Elsberg

Mailing Address 303 N Queen St

City Chestertown State MD Zip Code 21620-1629

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

Name of Employer: Elsberg & Associates Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1135.20

Date of Receipt: 05 / 01 / 2014

Transaction ID : VN8Z2CPA3N2

Amount of Each Receipt this Period: 385.20

B. Full Name (Last, First, Middle Initial)
Sarah Faulkner

Mailing Address 108 Sumach St

City Lookout Mtn State TN Zip Code 37350-1132

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

Name of Employer: Self Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 14 / 2014

Transaction ID : VN8Z2CMVVS3

Amount of Each Receipt this Period: 500.00

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

Mailing Address 113 Hoffman Ln

City Chestertown State MD Zip Code 21620-1913

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: 5100.00

Date of Receipt: 05 / 04 / 2014

Transaction ID : VN8Z2CPJ4N8

Amount of Each Receipt this Period: 2600.00

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

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

3485.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
Janice L Graham

Mailing Address 145 N Main St
PO Box 237

City Galena State MD Zip Code 21635-1555

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
 04 / 17 / 2014

Transaction ID : VN8Z2CNBEA4

Amount of Each Receipt this Period
100.00

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

Mailing Address 15101 Springfield Rd

City Darnestown State MD Zip Code 20874-3413

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

Name of Employer DLA Piper Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : VN8Z2CRGQP5

Amount of Each Receipt this Period
1000.00

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

Mailing Address 55 5th Ave
Fl 15

City New York State NY Zip Code 10003-4301

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

Name of Employer Time Equities, Inc. Occupation Chairman, CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

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

Transaction ID : VN8Z2CSJ795

Amount of Each Receipt this Period
250.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
David Grimes

Mailing Address 7207 Grouper Ct

City State Zip Code
Wilmington NC 28409-5005

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

Name of Employer Occupation
University of North Carolina Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : VN8Z2CPMAT5

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Margaret Harrington

Mailing Address 750 Lovell Ave

City State Zip Code
Mill Valley CA 94941-4545

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : VN8Z2CP55M9

Amount of Each Receipt this Period
500.00

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

Mailing Address 4112 Massie Ave
Apt 3

City State Zip Code
Louisville KY 40207-2179

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : VN8Z2CJAG06

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 18 OF 79
	<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 HERMAN

Mailing Address 660 Americana Dr
Apt 56

City Annapolis State MD Zip Code 21403-3120

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

Name of Employer ROBERT HERMAN MD. LLC Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : VN8Z2CRWVE6

Amount of Each Receipt this Period
 300.00

1100.00

B. Full Name (Last, First, Middle Initial)
Warren Hern MD

Mailing Address 2687 5th St

City Boulder State CO Zip Code 80304-3255

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

Name of Employer Self Employed Occupation OB/GYN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : VN8Z2CP5553

Amount of Each Receipt this Period
 1000.00

1000.00

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

Mailing Address 6401 Rock Forest Dr
Apt 302

City Bethesda State MD Zip Code 20817-7905

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

Name of Employer GexCon US Occupation Managing Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : VN8Z2CNS2R9

Amount of Each Receipt this Period
 250.00

500.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 79
	<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)
Nina R Houghton

Mailing Address **PO Box 6**

City **Queenstown** State **MD** Zip Code **21658-0006**

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

Name of Employer **Self** Occupation **Philanthropist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : VN8Z2CJA399

Amount of Each Receipt this Period
1000.00

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

Mailing Address **10611 Topsfield Dr**

City **Cockeysville** State **MD** Zip Code **21030-2641**

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
323.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : VN8Z2CQ97J2

Amount of Each Receipt this Period
50.00

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

Mailing Address **111 N Queen St**

City **Chestertown** State **MD** Zip Code **21620-1519**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : VN8Z2CNR3E4

Amount of Each Receipt this Period
250.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
Tonya Jarvis

Mailing Address 22681 Bella Rita Cir

City State Zip Code
Boca Raton FL 33433-6439

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

Name of Employer Occupation
Jarden Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : VN8Z2CNR YR0

Amount of Each Receipt this Period
2600.00

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

Mailing Address 24490 Tricefield Ct

City State Zip Code
Saint Michaels MD 21663-2618

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
350.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : VN8Z2CPVD77

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Benjamin R. Kahrl

Mailing Address 27 Elm St

City State Zip Code
Wellesley MA 02481-3106

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

Name of Employer Occupation
Brookline Public Schools Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : VN8Z2CNS785

Amount of Each Receipt this Period
400.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
David A Keating

Mailing Address 208 Princess Anne Dr

City State Zip Code
Chestertown MD 21620-2254

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

Name of Employer Occupation
K&L Services Inc. Owner

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
 04 / 18 / 2014

Transaction ID : VN8Z2CNBD28

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Hetta L Kempner

Mailing Address 1507 Driftwood Ln

City State Zip Code
Galveston TX 77551-1340

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : VN8Z2CPA3V0

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ann E Kempski MILR

Mailing Address 19 Wessex Rd

City State Zip Code
Silver Spring MD 20910-5401

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

Name of Employer Occupation
Keiser Permanente Director, Policy & Government Relation

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
 04 / 06 / 2014

Transaction ID : VN8Z2CN0E17

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 79
	<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)
Albert Klappenberger

Mailing Address 27458 Nanticoke Rd

City Salisbury State MD Zip Code 21801-1650

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2014

Transaction ID : VN8Z2CRG1B1

Amount of Each Receipt this Period
100.00

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 **4371.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : VN8Z2CHD6B3

Amount of Each Receipt this Period
58.00

* In-Kind: Monthly Web Hosting Fee

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

Mailing Address 209 Birch Run Rd

City Chestertown State MD Zip Code 21620-1639

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4429.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : VN8Z2CP8BJ0

Amount of Each Receipt this Period
58.00

* In-Kind: Monthly Web Hosting Fee

SUBTOTAL of Receipts This Page (optional).....	216.00
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 23 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

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

Mailing Address 209 Birch Run Rd

City State Zip Code
Chestertown MD 21620-1639

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4489.05

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

Transaction ID : VN8Z2CSFH86

Amount of Each Receipt this Period
60.05

* In-Kind: Monthly Web Hosting Fee

B. Full Name (Last, First, Middle Initial)
Ellen Lamel

Mailing Address 1045 N Mar Vista Ave

City State Zip Code
Pasadena CA 91104-3860

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

Name of Employer Occupation
Healthcare Partners 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
 05 / 18 / 2014

Transaction ID : VN8Z2CRG1C9

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Drs. Francis & Eliza Lawlor

Mailing Address PO Box 217

City State Zip Code
Royal Oak MD 21662-0217

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : VN8Z2CN85N9

Amount of Each Receipt this Period
100.00

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

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

410.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 79
	<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)
Drs. Francis & Eliza Lawlor

Mailing Address **PO Box 217**

City **Royal Oak** State **MD** Zip Code **21662-0217**

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

Name of Employer **None** 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
05 / 21 / 2014

Transaction ID : VN8Z2CRD5P1

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Robert P. Legg

Mailing Address **1713 Laurel Brook Rd**

City **Fallston** State **MD** Zip Code **21047-2128**

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

Name of Employer **Neuberger, Quinn, Et. Al.** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : VN8Z2CNR525

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Rogers L. Lewis MD

Mailing Address **6645 Corina Ct**

City **Columbia** State **MD** Zip Code **21044-4037**

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

Name of Employer **American Radiology Associates** 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
05 / 27 / 2014

Transaction ID : VN8Z2CRTRK1

Amount of Each Receipt this Period
250.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

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

Mailing Address 201 Richard Dr

City State Zip Code
Chestertown MD 21620-1647

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2014

Transaction ID : VN8Z2CN8QF1

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Linda Lindsey

Mailing Address 8322 Shimmering Rock Rd

City State Zip Code
Gainesville VA 20155-1772

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

Name of Employer Occupation
Sentara Hospital Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2014

Transaction ID : VN8Z2CS9ZY1

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Sara N Love

Mailing Address 9144 Vendome Dr

City State Zip Code
Bethesda MD 20817-4028

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

Name of Employer Occupation
ACLU-MD lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : VN8Z2CNYNR9

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 26 OF 79
	<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 S Lupi

Mailing Address 5 W 86th St
Ph

City State Zip Code
New York NY 10024-3603

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
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : VN8Z2CNBJY9

Amount of Each Receipt this Period
250.00

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

Mailing Address 13389 Mason Branch Rd

City State Zip Code
Ridgely MD 21660-1310

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : VN8Z2CPQZR9

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James and Margaret D Malaro

Mailing Address 614 Bayside Dr

City State Zip Code
Stevensville MD 21666-2730

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

Name of Employer Occupation
Anne Arundel Medical Center 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
04 / 27 / 2014

Transaction ID : VN8Z2CNT2W9

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 79
	<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)
Evelyn J Maldonado

Mailing Address 1001 Southard St

City State Zip Code
Key West FL 33040-7144

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

Name of Employer Occupation
Ruchman and Associates, Inc COO & Human Resource Director

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
 05 / 12 / 2014

Transaction ID : VN8Z2CQ9P03

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Diane Marquette

Mailing Address 2401 Beech St

City State Zip Code
Cambridge MD 21613-1360

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
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : VN8Z2CPA4B6

Amount of Each Receipt this Period
250.00

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

Mailing Address 215 Radcliffe Dr

City State Zip Code
Chestertown MD 21620-1347

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

Name of Employer Occupation
Self Writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : VN8Z2CMMK14

Amount of Each Receipt this Period
100.00

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 28 OF 79
	<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)
Vida Morley

Mailing Address 112 Rivershore Rd

City State Zip Code
Chestertown MD 21620-2868

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
265.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : VN8Z2CNB4N0

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Jonathan D. Moss

Mailing Address 24804 Woods Dr

City State Zip Code
Denton MD 21629-2325

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

Name of Employer Occupation
Choptank Communtiy Health System Chief Medical Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : VN8Z2CPA417

Amount of Each Receipt this Period
250.00

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

Mailing Address 375 Redwood Ave

City State Zip Code
Ventura CA 93003-3624

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

Name of Employer Occupation
Identity Medical Group 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
04 / 01 / 2014

Transaction ID : VN8Z2CH8NC4

Amount of Each Receipt this Period
200.00

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 29 OF 79
	<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)
Antonio Nelson

Mailing Address **PO Box 346**

City **Upper Marlboro** State **MD** Zip Code **20773-0346**

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

Name of Employer **American Radiology Associates** Occupation **Diagnostic Radiologist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : VN8Z2CPXKK0

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brendon Paltoo

Mailing Address **28070 Cove Ct**

City **Easton** State **MD** Zip Code **21601-8154**

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

Name of Employer **Self Employed** Occupation **Cardiologist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : VN8Z2CJARC6

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Bernard Victor and P Pfeiffer

Mailing Address **112 High St**

City **Chestertown** State **MD** Zip Code **21620-1516**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : VN8Z2CMMQG9

Amount of Each Receipt this Period
250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 79
	<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)
Andrew Pica

Mailing Address 27702 Equestrian Dr

City Salisbury State MD Zip Code 21801-1782

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

Name of Employer Salisbury University Occupation College Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : VN8Z2CQ6Q34

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Carlos Plazas

Mailing Address 25 N Decker Ave

City Baltimore State MD Zip Code 21224-1354

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

Name of Employer PP Maryland Occupation Chief Financial Officer

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
 05 / 07 / 2014

Transaction ID : VN8Z2CQ1112

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Leni (Eleanor) Preston

Mailing Address 6306 Swords Way

City Bethesda State MD Zip Code 20817-3350

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : VN8Z2CKDAP3

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 31 OF 79
	<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)
Joseph B. Proctor

Mailing Address 2204 Solmar Dr

City State Zip Code
Silver Spring MD 20904-5452

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : VN8Z2CPMBB9

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joan Roache

Mailing Address 402 14th St

City State Zip Code
Ocean City MD 21842-5563

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
1177.36

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2014

Transaction ID : VN8Z2CMV5Z4

Amount of Each Receipt this Period
477.36

* In-Kind: Supplies for House Party

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

Mailing Address 402 14th St

City State Zip Code
Ocean City MD 21842-5563

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
1427.36

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : VN8Z2CK42M0

Amount of Each Receipt this Period
250.00

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

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

1227.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 79
	<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)
James E. Ross

Mailing Address 17 Country Manor Ln
P.O. Box 488

City New Freedom State PA Zip Code 17349-9699

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

Name of Employer CEO Occupation Chester River Health System

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : VN8Z2CNR430

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joan H. Salim

Mailing Address 5613 Boxhill Ln

City Baltimore State MD Zip Code 21210-2003

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

Name of Employer Harford County Health Department, Mary Occupation Health Policy Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 10 / 2014

Transaction ID : VN8Z2CQ8AR7

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lise K Satterfield

Mailing Address 1905 Corbridge Ln

City Monkton State MD Zip Code 21111-2027

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

Name of Employer Clinical Associates Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : VN8Z2CSFC86

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 33 OF 79
	<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)
Lawrence Schroth Jr.

Mailing Address 213 Radcliffe Dr

City State Zip Code
Chestertown MD 21620-1347

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

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

Transaction ID : VN8Z2CHGVC8

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Henry F. Sears

Mailing Address 300 Chino Farm Ln

City State Zip Code
Chestertown MD 21620-2344

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

Name of Employer Occupation
Retired Physician (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
04 / 17 / 2014

Transaction ID : VN8Z2CNBE54

Amount of Each Receipt this Period
250.00

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

Mailing Address 300 E Church St
Apt 500

City State Zip Code
Orlando FL 32801-3533

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

Name of Employer Occupation
Unemployed 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
04 / 30 / 2014

Transaction ID : VN8Z2CP54W2

Amount of Each Receipt this Period
250.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

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

Mailing Address 126 N Queen St

City State Zip Code
Chestertown MD 21620-1536

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
452.33

Date of Receipt
 M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : VN8Z2CNBDP6

Amount of Each Receipt this Period
125.00

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

Mailing Address 202 Station St
P.O. Box 173

City State Zip Code
Mardela Springs MD 21837-2493

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
513.13

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : VN8Z2CNEME2

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
David H Smith MD

Mailing Address 209 Goldsborough St

City State Zip Code
Easton MD 21601-3131

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

Name of Employer Occupation
Bay Hematology Oncology Pa Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : VN8Z2CMMJP7

Amount of Each Receipt this Period
300.00

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

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

475.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 79
	<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

Full Name (Last, First, Middle Initial) A. Al & Jill Sommer		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 5720 Oakshire Rd		Transaction ID : VN8Z2CRSQC7
City Baltimore	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Not Employed	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Lynn Sparling		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 12112 Augusta Dr		Transaction ID : VN8Z2CNENY1
City Glenn Dale	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer University of Maryland	Occupation Professor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) C. Mary Ann Stein		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 5643 Bent Branch Rd		Transaction ID : VN8Z2CMNNW7
City Bethesda	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Moriah Fund	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 36 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

A. Full Name (Last, First, Middle Initial)
Mark Stover

Mailing Address 4712 Falcon St

City State Zip Code
Rockville MD 20853-3427

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

Name of Employer Occupation
Self-Employed (PMPSI) Construction Related

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : VN8Z2CS1AA6

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Elizabeth 'Libby' Tannahill

Mailing Address 21121 Striper Run

City State Zip Code
Rock Hall MD 21661-1370

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

Name of Employer Occupation
Chester River Hospital Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : VN8Z2CR2933

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Lornel G Tompkins

Mailing Address 3200 Waterton Dr

City State Zip Code
Midlothian VA 23113-2148

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

Name of Employer Occupation
Self Pulmonary 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
 04 / 25 / 2014

Transaction ID : VN8Z2CNR4E7

Amount of Each Receipt this Period
250.00

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 37 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

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

Mailing Address 24046 Macs Ln

City Worton State MD Zip Code 21678-1363

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1405.70**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 17 / 2014

Transaction ID : VN8Z2CNBF31

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carol E Watkins

Mailing Address 1416 Armacost Rd

City Parkton State MD Zip Code 21120-9458

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

Name of Employer Northern County Psychiatric Associates Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : VN8Z2CRSXW4

Amount of Each Receipt this Period
250.00

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

Mailing Address 71 Denton Rd

City Wellesley State MA Zip Code 02482-6404

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

Name of Employer HMFP Occupation academic physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : VN8Z2CTFXC4

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 79
	<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)
Nancy Whitney

Mailing Address 26 Night Heron Dr

City State Zip Code
Stony Brook NY 11790-1108

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

Name of Employer Occupation
State University of New York Chemistry professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : VN8Z2CSBFA5

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Carl Widell

Mailing Address 23901 Mount Misery Rd

City State Zip Code
Saint Michaels MD 21663-2523

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : VN8Z2CRD4Q6

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Diane Williams Parker

Mailing Address P.O. 1011

City State Zip Code
Thomasville GA 31799

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

Name of Employer Occupation
Self Retail

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : VN8Z2CNR4A6

Amount of Each Receipt this Period
600.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 79
	<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)
Gee Williams III

Mailing Address 10101 Old Ocean City Blvd

City State Zip Code
Berlin MD 21811-1160

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

Name of Employer Occupation
Maryland State Highway Administration Public Relations

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
 05 / 28 / 2014

Transaction ID : VN8Z2CRZW75

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sybil & Steven Wolin

Mailing Address 5410 Connecticut Ave NW

City State Zip Code
Washington DC 20015-2859

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

Name of Employer Occupation
Not Employed Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : VN8Z2CKMXE4

Amount of Each Receipt this Period
250.00

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

Mailing Address 121 Lyons Ln

City State Zip Code
Chestertown MD 21620-2249

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : VN8Z2CJA357

Amount of Each Receipt this Period
200.00

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

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

700.00

38328.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 79
	<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)
LaFerla For Congress

A. 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 Y Y
 05 / 15 / 2014

Transaction ID : VN8Z2CR3V15

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 209 Birch Run Rd

City 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 Y Y
 05 / 29 / 2014

Transaction ID : VN8Z2CS1T92

Amount of Each Receipt this Period
 20000.00

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
 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).....

21000.00

21000.00

**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 41 OF 79			
	<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. 7-Eleven		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 11055 Racetrack Rd		Amount of Each Disbursement this Period 66.78
City Berlin	State MD	
Zip Code 21811-3000	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9SM874
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 20.15
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	Transaction ID : VN7ZT9S1NN2
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 102.70
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	Transaction ID : VN7ZT9S5Q85
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	189.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.99 Transaction ID : VN7ZT9SG8S4
City Cambridge	State MA	
Purpose of Disbursement Electronic Processing Fees Payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.80 Transaction ID : VN7ZT9SG8X6
City Cambridge	State MA	
Purpose of Disbursement Electronic Processing Fees Payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 13.83 Transaction ID : VN7ZT9SG8Y4
City Cambridge	State MA	
Purpose of Disbursement Electronic Processing Fees Payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	15.62
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 43 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 4.94
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	Transaction ID : VN7ZT9SQPT6
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 10.18
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	Transaction ID : VN7ZT9SQPW2
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.40
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Electronic Processing Fees Payment	Transaction ID : VN7ZT9SQPX0
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).....	15.52
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 44 OF 79			
	<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. Amazon.com, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address PO Box 81226			Amount of Each Disbursement this Period 324.95	
City Seattle	State WA	Zip Code 98108-1300	Transaction ID : VN7ZT9S07X7	
Purpose of Disbursement Office Printer		006 Category/ Type		
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. Amazon.com, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address PO Box 81226			Amount of Each Disbursement this Period 30.89	
City Seattle	State WA	Zip Code 98108-1300	Transaction ID : VN7ZT9S07Y5	
Purpose of Disbursement Protection Plan for Office Printer		006 Category/ Type		
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. Amazon.com, Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address PO Box 81226			Amount of Each Disbursement this Period 79.99	
City Seattle	State WA	Zip Code 98108-1300	Transaction ID : VN7ZT9SJK56	
Purpose of Disbursement Printer Cartridge		001 Category/ Type		
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).....	435.83
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 45 OF 79	
	<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. Greysen F Carlson		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 432 NE Thornberry Pl		Amount of Each Disbursement this Period 390.00 Transaction ID : VN7ZT9S0SC3
City Lees Summit State MO Zip Code 64064-1664	Purpose of Disbursement Finance Consulting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Greysen F Carlson		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 432 NE Thornberry Pl		Amount of Each Disbursement this Period 700.00 Transaction ID : VN7ZT9S5TJ1
City Lees Summit State MO Zip Code 64064-1664	Purpose of Disbursement Finance Consulting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Carroll County Democratic Central Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 5887 Pawtucket Ln		Amount of Each Disbursement this Period 75.00 Transaction ID : VN7ZT9S5W36
City Eldersburg State MD Zip Code 21784-7077	Purpose of Disbursement Ad for Banquet Program 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).....	1165.00
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 46 OF 79	
	<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. Carroll County Democratic Central Committee		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 5887 Pawtucket Ln		Amount of Each Disbursement this Period 150.00 Transaction ID : VN7ZT9SC5P4
City Eldersburg State MD Zip Code 21784-7077	Purpose of Disbursement Tickets to Event Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Centreville Shipping Inc.		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 631 Railroad Ave		Amount of Each Disbursement this Period 6.00 Transaction ID : VN7ZT9SKCF8
City Centreville State MD Zip Code 21617-1144	Purpose of Disbursement Scanning Fees 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. Centreville Shipping Inc.		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 631 Railroad Ave		Amount of Each Disbursement this Period 14.00 Transaction ID : VN7ZT9SKCH4
City Centreville State MD Zip Code 21617-1144	Purpose of Disbursement Scanning Fees 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).....	170.00
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 47 OF 79	
	<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. Amina Chaudhry		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 31 N Decker Ave		Amount of Each Disbursement this Period 1765.00
City Baltimore State MD Zip Code 21224-1354	Purpose of Disbursement Supplies and venue for fundraiser	
Candidate Name	Category/Type	Transaction ID : VN8Z2CR3FB61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		* In-Kind Received

Full Name (Last, First, Middle Initial) B. Chipotle		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 8911 Ocean Gtwy		Amount of Each Disbursement this Period 17.75
City Easton State MD Zip Code 21601-7118	Purpose of Disbursement Food for Volunteers	
Candidate Name	Category/Type 007	Transaction ID : VN7ZT9S30K9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. College Heights Citgo		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 513 Washington Ave		Amount of Each Disbursement this Period 64.31
City Chestertown State MD Zip Code 21620-1217	Purpose of Disbursement Travel Expense	
Candidate Name	Category/Type 002	Transaction ID : VN7ZT9SM9X1
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).....	1847.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 79	
	<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 04 / 21 / 2014	
Mailing Address 5620 Landing Neck Rd			Amount of Each Disbursement this Period 27.28	
City Trappe	State MD	Zip Code 21673-1649	Transaction ID : VN7ZT9S3ZP7	
Purpose of Disbursement Water Cooler		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. DAYSPRING WATER LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 5620 Landing Neck Rd			Amount of Each Disbursement this Period 41.71	
City Trappe	State MD	Zip Code 21673-1649	Transaction ID : VN7ZT9SC533	
Purpose of Disbursement Water Cooler		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Democratic Central Committee Worcester County			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address PO Box 34			Amount of Each Disbursement this Period 100.00	
City Berlin	State MD	Zip Code 21811-0034	Transaction ID : VN7ZT9RTQD8	
Purpose of Disbursement Tickets to Banquet		Category/ Type 011		
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).....	168.99
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 49 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Democratic Central Committee Worcester County		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO Box 34		Amount of Each Disbursement this Period 75.00 Transaction ID : VN7ZT9SCDA7
City Berlin	State MD	
Zip Code 21811-0034	Purpose of Disbursement Tickets to Event	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. Democratic State Central Committee Maryland		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 33 West St Ste 200		Amount of Each Disbursement this Period 250.00 Transaction ID : VN7ZT9S7VN2
City Annapolis	State MD	
Zip Code 21401-2420	Purpose of Disbursement Ticket to Banquet	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Dropbox		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 185 Berry St		Amount of Each Disbursement this Period 9.99 Transaction ID : VN7ZT9S7XS6
City San Francisco	State CA	
Zip Code 94107-5705	Purpose of Disbursement Additional Data Storage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	334.99
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 50 OF 79			
	<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. Dropbox		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 185 Berry St		Amount of Each Disbursement this Period 9.99
City San Francisco	State CA	
Zip Code 94107-5705	Purpose of Disbursement Additional Data Storage	Transaction ID : VN7ZT9SJK64
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Drummer's Cafe		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2 N Main St		Amount of Each Disbursement this Period 146.31
City Berlin	State MD	
Zip Code 21811-1026	Purpose of Disbursement Food for Event	Transaction ID : VN7ZT9SM833
Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Eastern Shore Association of Municipalities		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 125 N Division St Ste 305		Amount of Each Disbursement this Period 80.00
City Salisbury	State MD	
Zip Code 21801-5030	Purpose of Disbursement Tickets to Event	Transaction ID : VN7ZT9SJWY2
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	236.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 2069 West St		Amount of Each Disbursement this Period 66.35 Transaction ID : VN7ZT9S0623
City Annapolis State MD Zip Code 21401-3006	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. Family Dollar		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2456 Centreville Rd		Amount of Each Disbursement this Period 9.96 Transaction ID : VN7ZT9SQRH9
City Centreville State MD Zip Code 21617-2802	Purpose of Disbursement Supplies 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. Family Dollar		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2456 Centreville Rd		Amount of Each Disbursement this Period 12.46 Transaction ID : VN7ZT9SKCQ1
City Centreville State MD Zip Code 21617-2802	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	88.77
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 52 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Food Lion #2522		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 2466 Centreville Rd		Amount of Each Disbursement this Period 9.48
City Centreville	State MD	
Purpose of Disbursement Office Supplies	Category/ Type 006	
Candidate Name	Transaction ID : VN7ZT9RZRR7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Food Lion #2522		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 2466 Centreville Rd		Amount of Each Disbursement this Period 95.38
City Centreville	State MD	
Purpose of Disbursement Food for Event	Category/ Type 007	
Candidate Name	Transaction ID : VN7ZT9SDTD3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Food Lion #2522		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2466 Centreville Rd		Amount of Each Disbursement this Period 209.90
City Centreville	State MD	
Purpose of Disbursement Fuel Cards	Category/ Type 002	
Candidate Name	Transaction ID : VN7ZT9SFMF4	
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).....	314.76
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 53 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Food Lion #2522		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2466 Centreville Rd		Amount of Each Disbursement this Period 10.48
City Centreville State MD Zip Code 21617-2802	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name		Transaction ID : VN7ZT9SKV92
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. Marilyn Gregory		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1222 Sedgefield Rd		Amount of Each Disbursement this Period 375.00
City Marietta State GA Zip Code 30062-2343	Purpose of Disbursement Fundraising Consulting 003 Category/Type	
Candidate Name		Transaction ID : VN7ZT9SJT V4
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. Randi Gregory		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 180 Clifton Ct Apt 3		Amount of Each Disbursement this Period 21.73
City Columbus State OH Zip Code 43203-1716	Purpose of Disbursement Reimbursement 007 Category/Type	
Candidate Name		Transaction ID : VN7ZT9SDT Z5
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).....	407.21
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 54 OF 79			
	<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. Randi Gregory		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 180 Clifton Ct Apt 3		Amount of Each Disbursement this Period 100.00
City Columbus	State OH Zip Code 43203-1716	
Purpose of Disbursement Travel Expense	Category/Type 001	Transaction ID : VN7ZT9SJK72
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. High's #33		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 300 Abruzzi Dr.		Amount of Each Disbursement this Period 73.77
City Chester	State MD Zip Code 21619	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : VN7ZT9S6GH9
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 04 / 06 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 65.11
City Centreville	State MD Zip Code 21617-2069	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : VN7ZT9S0631
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) 238.88
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 55 OF 79			
	<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 04 / 16 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 78.04
City Centreville State MD Zip Code 21617-2069	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:	Transaction ID : VN7ZT9S6GF3

Full Name (Last, First, Middle Initial) B. Hillside Quick Service Motel		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2630 Centreville Rd		Amount of Each Disbursement this Period 66.20
City Centreville State MD Zip Code 21617-2069	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:	Transaction ID : VN7ZT9S5N99

Full Name (Last, First, Middle Initial) c. Jun's Centreville Citgo Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 426 S Commerce St		Amount of Each Disbursement this Period 63.63
City Centreville State MD Zip Code 21617-1220	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:	Transaction ID : VN7ZT9RW7R5

SUBTOTAL of Disbursements This Page (optional).....	207.87
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 56 OF 79			
	<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. Jun's Centreville Citgo Inc			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 426 S Commerce St			Amount of Each Disbursement this Period 63.58 Transaction ID : VN7ZT9SAAK5
City Centreville	State MD	Zip Code 21617-1220	
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. LaFerla LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 209 Birch Run Rd			Amount of Each Disbursement this Period 800.00 Transaction ID : VN7ZT9RTCB7
City Chestertown	State MD	Zip Code 21620-1639	
Purpose of Disbursement Office Rent		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. LaFerla LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 209 Birch Run Rd			Amount of Each Disbursement this Period 800.00 Transaction ID : VN7ZT9S73R5
City Chestertown	State MD	Zip Code 21620-1639	
Purpose of Disbursement Office Rent		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1663.58
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 57 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. LaFerla LLC		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 209 Birch Run Rd		Amount of Each Disbursement this Period 800.00 Transaction ID : VN7ZT9SJVH8
City Chestertown	State MD	
Zip Code 21620-1639	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. John J LaFerla		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 209 Birch Run Rd		Amount of Each Disbursement this Period 58.00 Transaction ID : VN8Z2CHD6B3I
City Chestertown	State MD	
Zip Code 21620-1639	Purpose of Disbursement Monthly Web Hosting Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	* In-Kind Received

Full Name (Last, First, Middle Initial) c. John J LaFerla		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 209 Birch Run Rd		Amount of Each Disbursement this Period 58.00 Transaction ID : VN8Z2CP8BJ0I
City Chestertown	State MD	
Zip Code 21620-1639	Purpose of Disbursement Monthly Web Hosting Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	916.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. John J LaFerla		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 209 Birch Run Rd		Amount of Each Disbursement this Period 60.05
City Chestertown	State MD	
Zip Code 21620-1639	Purpose of Disbursement Monthly Web Hosting Fee	Transaction ID : VN8Z2CSFH861
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. Lake Research Partners, Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 4722 12th Ave NE Apt 101		Amount of Each Disbursement this Period 18410.00
City Seattle	State WA	
Zip Code 98105-4469	Purpose of Disbursement Polling Research	Transaction ID : VN7ZT9SJC92
Candidate Name	Category/Type 005	
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. Maryland Dept. of Planning		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 301 W Preston St Ste 1101		Amount of Each Disbursement this Period 150.00
City Baltimore	State MD	
Zip Code 21201-2392	Purpose of Disbursement District Maps	Transaction ID : VN7ZT9S5NH3
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:		

SUBTOTAL of Disbursements This Page (optional).....	18620.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 79	
	<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. Maryland Dept. of Planning		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 301 W Preston St Ste 1101		Amount of Each Disbursement this Period 3132.00 Transaction ID : VN7ZT9S5NE9
City Baltimore	State MD Zip Code 21201-2392	
Purpose of Disbursement District Maps	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2100.00 Transaction ID : VN7ZT9RT267
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Database	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. Occasions Catering, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 327 Cannon St		Amount of Each Disbursement this Period 882.00 Transaction ID : VN7ZT9S37B1
City Chestertown	State MD Zip Code 21620-1327	
Purpose of Disbursement Catering for Event	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3132.00
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 60 OF 79			
	<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. Leah Palmer		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 181 Wind Drift Ln		Amount of Each Disbursement this Period 100.00 Transaction ID : VN7ZT9SJC43
City Centreville	State MD	
Zip Code 21617-1332	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. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 67.36 Transaction ID : VN7ZT9RX1E3
City Owings Mills	State MD	
Zip Code 21117-5185	Purpose of Disbursement Payroll Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1040.47 Transaction ID : VN7ZT9RX1F1
City Owings Mills	State MD	
Zip Code 21117-5185	Purpose of Disbursement Federal and State Payroll Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1207.83
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 61 OF 79			
	<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 04 / 14 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 2814.03 Transaction ID : VN7ZT9S2873
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1040.47 Transaction ID : VN7ZT9S28E7
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 76.86 Transaction ID : VN7ZT9S30Z4
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3931.36
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 62 OF 79			
	<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 04 / 30 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 4563.01 Transaction ID : VN7ZT9SJKE7
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1475.70 Transaction ID : VN7ZT9SJKF5
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Paychex Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 70.87 Transaction ID : VN7ZT9SJKG3
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6109.58
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 63 OF 79			
	<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 05 / 14 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 4546.47
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	Category/Type 001	Transaction ID : VN7ZT9SJKD9
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 05 / 15 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 90.36
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	Transaction ID : VN7ZT9SJKB3
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 05 / 15 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 1322.16
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Federal and State Payroll Taxes	Category/Type 001	Transaction ID : VN7ZT9SJKC1
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).....	5958.99
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 64 OF 79			
	<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 05 / 29 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 6969.93
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll	Category/Type 001	Transaction ID : VN7ZT9SJKA6
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 05 / 30 / 2014
Mailing Address 700 Red Brook Blvd Ste 200		Amount of Each Disbursement this Period 74.23
City Owings Mills	State MD Zip Code 21117-5185	
Purpose of Disbursement Payroll Processing Fees	Category/Type 001	Transaction ID : VN7ZT9SJTC6
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 05 / 30 / 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 : VN7ZT9SJTE2
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).....	8362.13
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 65 OF 79			
	<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. Price and Gannon, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 448 Centreville Rd		Amount of Each Disbursement this Period 16.12
City Centreville	State MD	
Purpose of Disbursement Supplies for Office Opening		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. Joan Roache		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 402 14th St		Amount of Each Disbursement this Period 477.36
City Ocean City	State MD	
Purpose of Disbursement Supplies for House Party		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	* In-Kind Received

Full Name (Last, First, Middle Initial) c. Royal Farms 127		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 7900 Royalty Way		Amount of Each Disbursement this Period 71.02
City Salisbury	State MD	
Purpose of Disbursement Gasoline		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	564.50
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 66 OF 79	
	<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 04 / 01 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 70.46
City Chestertown	State MD	
Zip Code 21620-2387	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9RX1H7
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Royal Farms		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 50.00
City Chestertown	State MD	
Zip Code 21620-2387	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9S7RE1
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Royal Farms		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 63.59
City Chestertown	State MD	
Zip Code 21620-2387	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9SBVY5
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	184.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 79	
	<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 05 / 19 / 2014
Mailing Address 105 Clay Dr		Amount of Each Disbursement this Period 62.31
City Queenstown	State MD	
Zip Code 21658-1663	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9SDW63
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Royal Farms		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 62.31
City Chestertown	State MD	
Zip Code 21620-2387	Purpose of Disbursement Gasoline	Transaction ID : VN7ZT9SQRK5
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Royal Farms		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 6502 Church Hill Rd		Amount of Each Disbursement this Period 63.69
City Chestertown	State MD	
Zip Code 21620-2387	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9SJB6
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	188.31
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 68 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1750 Old Meadow Rd		Amount of Each Disbursement this Period 703.41 Transaction ID : VN7ZT9RX1D5
City McLean State VA Zip Code 22102-4327	Purpose of Disbursement Online Processing Fees Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2631 Housley Rd		Amount of Each Disbursement this Period 117.00 Transaction ID : VN7ZT9RX1J5
City Annapolis State MD Zip Code 21401-7030	Purpose of Disbursement Office Supplies 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) c. Staples, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 2631 Housley Rd		Amount of Each Disbursement this Period 23.04 Transaction ID : VN7ZT9S0607
City Annapolis State MD Zip Code 21401-7030	Purpose of Disbursement Office Supplies 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:	

SUBTOTAL of Disbursements This Page (optional).....	843.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Staples, Inc			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 8168 Elliott Rd			Amount of Each Disbursement this Period 50.43
City Easton	State MD	Zip Code 21601-7110	
Purpose of Disbursement Office Supplies		Candidate Name	Transaction ID : VN7ZT9S1TM6
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. Staples, Inc			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 8168 Elliott Rd			Amount of Each Disbursement this Period 11.24
City Easton	State MD	Zip Code 21601-7110	
Purpose of Disbursement Office Supplies		Candidate Name	Transaction ID : VN7ZT9S30N5
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) C. Sunoco			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 840 High St			Amount of Each Disbursement this Period 74.00
City Chestertown	State MD	Zip Code 21620-1135	
Purpose of Disbursement Gasoline		Candidate Name	Transaction ID : VN7ZT9SQRE5
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).....	135.67
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 70 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. SunTrust Banks, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 611 Washington Ave		Amount of Each Disbursement this Period 100.00 Transaction ID : VN7ZT9RYG44
City Chestertown	State MD	
Zip Code 21620-1219	Purpose of Disbursement Deposit correction	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SunTrust Banks, Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 611 Washington Ave		Amount of Each Disbursement this Period 6.00 Transaction ID : VN7ZT9SJJV7
City Chestertown	State MD	
Zip Code 21620-1219	Purpose of Disbursement Deposit Correction Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. SunTrust Banks, Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 611 Washington Ave		Amount of Each Disbursement this Period 50.00 Transaction ID : VN7ZT9SJTA0
City Chestertown	State MD	
Zip Code 21620-1219	Purpose of Disbursement Wire Transfer Fee	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).....	156.00
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 71 OF 79	
	<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. Super Soda Center 1		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 302 S Maple Ave		Amount of Each Disbursement this Period 63.64
City Chestertown	State MD	
Zip Code 21620-1686		
Purpose of Disbursement Travel Expense		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Super Soda Center 1		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 302 S Maple Ave		Amount of Each Disbursement this Period 63.56
City Chestertown	State MD	
Zip Code 21620-1686		
Purpose of Disbursement Travel Expense		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Blue Deal LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO Box 50		Amount of Each Disbursement this Period 155.00
City Annandale	State VA	
Zip Code 22003-0050		
Purpose of Disbursement Banner		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).....	282.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 79	
	<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. The Blue Deal LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address PO Box 50		Amount of Each Disbursement this Period 302.00 Transaction ID : VN7ZT9S0681
City Annandale	State VA	
Zip Code 22003-0050	Purpose of Disbursement Campaign Post Cards	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. The Blue Deal LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 50		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7ZT9S7VC1
City Annandale	State VA	
Zip Code 22003-0050	Purpose of Disbursement Marketing Materials	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The Maccabee Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 3509 Connecticut Ave NW 805		Amount of Each Disbursement this Period 5000.00 Transaction ID : VN7ZT9SJJC9
City Washington	State DC	
Zip Code 20008-2400	Purpose of Disbursement Political Consulting	Category/ Type 005
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).....	7702.00
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 73 OF 79			
	<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. The Maccabee Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 3509 Connecticut Ave NW 805		Amount of Each Disbursement this Period 1166.98
City Washington State DC Zip Code 20008-2400	Purpose of Disbursement Political Consulting Candidate Name Category/Type 005	
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:	Transaction ID : VN7ZT9SJJF2

Full Name (Last, First, Middle Initial) B. Travelers Insurance		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 150 Sawgrass Dr		Amount of Each Disbursement this Period 234.00
City Rochester State NY Zip Code 14620-4648	Purpose of Disbursement Worker's Compensation Insurance 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:	Transaction ID : VN7ZT9RT2J2 Quarterly Payment to Travelers Insurance

Full Name (Last, First, Middle Initial) C. TruBlu Politics		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 10133 Maplewood Dr		Amount of Each Disbursement this Period 11940.00
City Ellicott City State MD Zip Code 21042-1622	Purpose of Disbursement Direct Mail 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:	Transaction ID : VN7ZT9SMB96

SUBTOTAL of Disbursements This Page (optional).....	13340.98
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 74 OF 79	
	<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 05 / 06 / 2014
Mailing Address 104 Spring Ave		Amount of Each Disbursement this Period 50.00 Transaction ID : VN7ZT9S9R15
City Chestertown	State MD	
Zip Code 21620-8500	Purpose of Disbursement Post Office Box Renewal	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 05 / 14 / 2014
Mailing Address 202 E Water St		Amount of Each Disbursement this Period 49.49 Transaction ID : VN7ZT9SC8M4
City Centreville	State MD	
Zip Code 21617-1158	Purpose of Disbursement Postage	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Verizon LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO Box 660720		Amount of Each Disbursement this Period 296.00 Transaction ID : VN7ZT9S8914
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:	

SUBTOTAL of Disbursements This Page (optional).....	395.49
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 75 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 53.60
City Brookfield	State CT	
Zip Code 06804-2505		
Purpose of Disbursement Phone Service		Category/ Type 001
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 15 Federal Rd		Amount of Each Disbursement this Period 53.60
City Brookfield	State CT	
Zip Code 06804-2505		
Purpose of Disbursement Phone Service		Category/ Type 001
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) c. Walgreens Stores		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 2440 Centreville Rd		Amount of Each Disbursement this Period 12.70
City Centreville	State MD	
Zip Code 21617-2802		
Purpose of Disbursement Thank you Cards		Category/ Type 006
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	119.90
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 76 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Walgreens Stores		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 2440 Centreville Rd		Amount of Each Disbursement this Period 29.31 Transaction ID : VN7ZT9SQR05
City Centreville	State MD	
Zip Code 21617-2802	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Walgreens Stores		Date of Disbursement MM / DD / YYYY 05 / 18 / 2014
Mailing Address 2440 Centreville Rd		Amount of Each Disbursement this Period 7.79 Transaction ID : VN7ZT9SDTV3
City Centreville	State MD	
Zip Code 21617-2802	Purpose of Disbursement Supplies for Office Opening	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Wawa #589		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 8118 Ocean Gtwy 8118 Ocean Gateway		Amount of Each Disbursement this Period 50.88 Transaction ID : VN7ZT9SFE60
City Easton	State MD	
Zip Code 21601-8630	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).....	87.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LaFerla For Congress

Full Name (Last, First, Middle Initial) A. Wye Mills BP		Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
Mailing Address 212 Grange Hall Rd		Amount of Each Disbursement this Period 75.82
City Queenstown	State MD	
Zip Code 21658-1375	Purpose of Disbursement Travel Expense	Transaction ID : VN7ZT9S28C1
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.		Date of Disbursement MM / DD / YYYY
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 MM / DD / YYYY
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).....	75.82
TOTAL This Period (last page this line number only).....	79814.30

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 Date Due Interest Rate Secured:
M 05 / D 15 / 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)..... 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

NAME OF COMMITTEE (In Full) **LaFerla For Congress** Transaction ID : VN8Z2CS1T92L

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
John J LaFerla Primary
 Mailing Address General
 209 Birch Run Rd Other (specify) ▼

City State ZIP Code
 Chestertown MD 21620-1639

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

TERMS

Date Incurred M 05 / D 29 / Y 2014	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <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).....	▶ 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.