

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> LA FERLA FOR CONGRESS			
<b>ADDRESS</b> (number and street) 209 BIRCH RUN ROAD PO BOX 832			
<b>CITY, STATE, and ZIP CODE</b> CHESTERTOWN MD 21620			
<b>2. NAME OF CANDIDATE</b> Dr. JOHN JAMES DR J LA FERLA	<b>3. OFFICE SOUGHT</b> (State and District) House MD 01	<b>4. FEC IDENTIFICATION NUMBER</b> C00507335	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Dr. JOHN JAMES DR J LA FERLA  209 BIRCH RUN ROAD  CHESTERTOWN MD 21620	Name of Employer Corsica Womens Health  <b>Transaction ID : F6.5809</b> Occupation Physician	Date (month, day, year) 10/26/2012	Amount 5000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
	Occupation		
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
	Occupation		
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
	Occupation		
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer	Date (month, day, year)	Amount
	Occupation		
<b>SIGNATURE (optional)</b> Nancy E Harrison  <div style="text-align: right;"><i>[Electronically Filed]</i></div>		<b>DATE</b> 10/26/2012	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.