

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

LA FERLA FOR CONGRESS

ADDRESS (number and street)

209 BIRCH RUN ROAD

PO BOX 832

Check if different than previously reported. (ACC)

CHESTERTOWN

MD

21620

2. FEC IDENTIFICATION NUMBER ▼

C C00507335

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
03 / 15 / 2012

through

M M / D D / Y Y Y Y
03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy E Harrison

Signature of Treasurer Nancy E Harrison

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 13 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
LA FERLA FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21605.00	89300.31
(b) Total Contribution Refunds (from Line 20(d))	3433.00	4433.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18172.00	84867.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34097.41	108708.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	124.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34097.41	108584.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7301.63	
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).....	48017.09	

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

LA FERLA FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 15 / 2012 To: M M / D D / Y Y Y Y 03 / 31 / 2012

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).....	15525.00	55825.00
(ii) Unitemized	5080.00	25059.18
(iii) TOTAL of contributions from individuals	20605.00	80884.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) The Candidate	1000.00	3416.13
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21605.00	89300.31
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	15000.00	32664.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	15000.00	32664.70
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	124.03
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).....	36605.00	122089.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34097.41	108708.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1646.07
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1646.07
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	3433.00	4433.00
(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)).....	3433.00	4433.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	37530.41	114787.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8227.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36605.00
25. SUBTOTAL (add Line 23 and Line 24).....	44832.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37530.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7301.63

**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 42
	<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)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald Abramson

Mailing Address 1700 K Street NW #300

City Washington State DC Zip Code 20006

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

Name of Employer Buchanan Ingersoll & Rooney Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.5244

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Norman Atkin

Mailing Address 13614 Verde Drive

City Palm Beach Gardens State FL Zip Code 33410

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

Name of Employer Retired Occupation Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012

Transaction ID : SA11AI.5198

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6778 Burris Rd

City Rock Hall State MD Zip Code 21661

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : SA11AI.5052

Amount of Each Receipt this Period
 400.00

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

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

900.00

**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 42
	<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)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Bowie

Mailing Address 2328 Shepperd Rd

City: Monkton State: MD Zip Code: 21111

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

Name of Employer: Bowie & Jensen Occupation: Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 20 / 2012

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period: 500.00

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

Mailing Address 12505 Grey Fox Lane

City: Potomac State: MD Zip Code: 20854

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

Name of Employer: None Occupation: Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 17 / 2012

Transaction ID : SA11AI.5105

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Muriel J Cole

Mailing Address 207 E. Campus Ave

City: Chestertown State: MD Zip Code: 21620

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 15 / 2012

Transaction ID : SA11AI.5051

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: PAGE 7 OF 42
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frederic Conte

Mailing Address 918 Colby Dr

City State Zip Code
Davis CA 95616

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

Name of Employer Occupation
RAS Inc. Nuclear medicine

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA11AI.5177

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Andrew Crowley

Mailing Address 140 Magnolia Ave

City State Zip Code
Glendale OH 45246

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

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6402 Cloister Gate Dr

City State Zip Code
Baltimore MD 21212

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

Name of Employer Occupation
Johns Hopkins University Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012

Transaction ID : SA11AI.5113

Amount of Each Receipt this Period
500.00

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

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

1750.00

**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 42
	<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)
LA FERLA FOR CONGRESS

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

Mailing Address 85 Park Rd

City Chelmsford State MA Zip Code 01824

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

Name of Employer Macot Realty Trust Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012

Transaction ID : SA11AI.5197

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 350.00

B. Full Name (Last, First, Middle Initial)
Mrs. Caroline D Gabel

Mailing Address 113 Hoffman Lane

City Chestertown State MD Zip Code 21620

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 13816 Alderton Rd

City Silver Spring State MD Zip Code 20906

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

Name of Employer Self/ CSC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA11AI.5172

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

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 9 OF 42
	<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)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Elizabeth Gross		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2012	
Mailing Address 409 Heron Point		Transaction ID : SA11A1.5111	
City Chestertown	State MD	Zip Code 21620	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Consultant		
Receipt For: 2012 <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. James Hendry		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2012	
Mailing Address 449 Heron Point		Transaction ID : SA11A1.5127	
City Chestertown	State MD	Zip Code 21620	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Economist		
Receipt For: 2012 <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) C. Kenneth Herlihy		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012	
Mailing Address 14006 Huyett Lane		Transaction ID : SA11A1.5238	
City Galena	State MD	Zip Code 21635	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 525.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 525.00
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 10 OF 42
	<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)
LA FERLA FOR CONGRESS

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

Mailing Address 13842 Gregg Neck

City Galena State MD Zip Code 21635

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

Name of Employer Baker, Donelso, Bearman, Caldw Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period
250.00

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

Mailing Address 6 Middle Street

City Dartmouth State MA Zip Code 02748

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

Name of Employer none Occupation Self Employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.5242

Amount of Each Receipt this Period
800.00

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

Mailing Address 1060 Fifth Ave. 7B

City New York State NY Zip Code 10128

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

Name of Employer None Occupation None

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.5156

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: PAGE 11 OF 42
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Susan La Ferla

Mailing Address 209 Birch Run Rd

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Corsica Womens Health Office manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ann E Larimore

Mailing Address 916 Olivia Ave

City State Zip Code
Ann Arbor MI 48104

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

Name of Employer Occupation
University of Michigan Retired Professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 201 Richard Drive

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
none none

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.5239

Amount of Each Receipt this Period
 50.00

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 12 OF 42
	<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)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Lupi

Mailing Address 5 West 86th Street

City New York State NY Zip Code 10024

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.5253

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Ronald Mankoff

Mailing Address 5950 Berkshire Lane #550

City Dallas State TX Zip Code 75225

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.5158

Amount of Each Receipt this Period
 500.00

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

Mailing Address 171 Cat Rock Rd

City Cos Cob State CT Zip Code 06807

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

Name of Employer Self Occupation Artist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.5314

Amount of Each Receipt this Period
 300.00

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

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

1050.00

**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 42
	<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)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frances Miller

Mailing Address 221 Birch Run Rd

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Tanmoy Mukherjee

Mailing Address 66 Highland Ave

City State Zip Code
Glen Ridge NJ 07028

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

Name of Employer Occupation
Self Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period
250.00

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

Mailing Address 6154 Sundance Tr.

City State Zip Code
Brighton MI 48116

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

Name of Employer Occupation
Retired Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11AI.5164

Amount of Each Receipt this Period
250.00

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

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

2000.00

**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 42
	<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)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Randolph Richardson

Mailing Address 611 East Hill Rd

City Southbury State CT Zip Code 06488

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.5300

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Christopher Robinson

Mailing Address 3855 Margits Lane

City Trappe State MD Zip Code 21673

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : SA11AI.5062

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
H Jane Rogers

Mailing Address 210 North Queen St

City Chestertown State MD Zip Code 21620

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.5232

Amount of Each Receipt this Period
 100.00

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 15 OF 42
	<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)
LA FERLA FOR CONGRESS

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

Mailing Address 2117 Belvale Rd.

City Fallston State MD Zip Code 21047

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

Name of Employer Johns Hopkins University Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.5312

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Robert Saner II

Mailing Address PO Box 338

City Chestertown State MD Zip Code 21620

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

Name of Employer Powers & Pyles Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period
 250.00

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

Mailing Address 126 North Queen St

City Chestertown State MD Zip Code 21620

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.5224

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 16 OF 42
	<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)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jacqueline Smelkinson

Mailing Address 4603 Kernewood

City Baltimore State MD Zip Code 21212

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

Name of Employer none Occupation homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.5058

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Rachael Solem

Mailing Address 5 Bacon Street

City Wellesley State MA Zip Code 02482

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

Name of Employer Irving House Corporation Occupation Hotelier

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.5099

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4712 Falcon St

City Rockville State MD Zip Code 20853

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period
 250.00

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

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

800.00

**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 42
	<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)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. William Trainor

Mailing Address 20731 Jamieson

City State Zip Code
Rock Hall MD 21661

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA11A1.5176

Amount of Each Receipt this Period
150.00

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

Mailing Address 461 2nd Street # C307

City State Zip Code
San Francisco CA 94107

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

Name of Employer Occupation
Self Writer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11A1.5144

Amount of Each Receipt this Period
250.00

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

Mailing Address 24046 Macs Lane

City State Zip Code
Worton MD 21678

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

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11A1.5185

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 18 OF 42
	<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)
LA FERLA FOR CONGRESS

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

Mailing Address 6109 Quinn Orchard Rd

City State Zip Code
Frederick MD 21704

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

Name of Employer Occupation
Montgomery county Firefighter/paramedic

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2012

Transaction ID : SA11AI.5202

Amount of Each Receipt this Period
300.00

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

Mailing Address 5317 Sixty Foot Rd

City State Zip Code
Parsonburg MD 21849

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

Name of Employer Occupation
none not employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.5304

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D 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).....

550.00

15525.00

**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 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. JOHN JAMES DR J LA FERLA

Mailing Address 209 BIRCH RUN ROAD

City State Zip Code
CHESTERTOWN MD 21620

FEC ID number of contributing federal political committee. **C H2MD01154**

Name of Employer Occupation
Corsica Womens Health Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
21080.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : SA11D.4992

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D 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).....

1000.00

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 20 OF 42
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. JOHN JAMES DR J LA FERLA

Mailing Address 209 BIRCH RUN ROAD

City State Zip Code
CHESTERTOWN MD 21620

FEC ID number of contributing federal political committee. **C H2MD01154**

Name of Employer Occupation
Corsica Womens Health Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
31080.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : SA13A.5123

Amount of Each Receipt this Period
 loan
10000.00

B. Full Name (Last, First, Middle Initial)
Dr. JOHN JAMES DR J LA FERLA

Mailing Address 209 BIRCH RUN ROAD

City State Zip Code
CHESTERTOWN MD 21620

FEC ID number of contributing federal political committee. **C H2MD01154**

Name of Employer Occupation
Corsica Womens Health Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
36080.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA13A.5125

Amount of Each Receipt this Period
5000.00

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).....

15000.00

15000.00

: 97 `A`G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A`N5HCB

Form/Schedule: SA13A

Transaction ID : SA13A.5123

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)(A previous settlement amount of 10000.00 has been rescinded)

Form/Schedule: SA13A

Transaction ID: SA13A.5125

(A previous settlement amount of 5000.00 has been rescinded)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 42	
	<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)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Act Blue		M M / D D / Y Y Y Y 03 / 18 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement payment processing fees	Category/Type 003	86.53
Candidate Name LA FERLA FOR CONGRESS	Disbursement For: 2012	Transaction ID : SB17.5292
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Act Blue		M M / D D / Y Y Y Y 03 / 25 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement payment processing fees	Category/Type 003	119.00
Candidate Name LA FERLA FOR CONGRESS	Disbursement For: 2012	Transaction ID : SB17.5294
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Act Blue		M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement payment processing fees	Category/Type 003	79.83
Candidate Name LA FERLA FOR CONGRESS	Disbursement For: 2012	Transaction ID : SB17.5296
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

SUBTOTAL of Disbursements This Page (optional).....	285.36
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 23 OF 42	
	<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)
LA FERLA FOR CONGRESS

A. Act Blue

Full Name (Last, First, Middle Initial)

Mailing Address 14 Arrow Street
Suite 11

City Cambridge State MA Zip Code 02138

Purpose of Disbursement payment processing fees

Candidate Name **LA FERLA FOR CONGRESS**

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 03 / 31 / 2012

Amount of Each Disbursement this Period: 125.23

Transaction ID : SB17.5318

B. Postmaster

Full Name (Last, First, Middle Initial)

Mailing Address 104 Spring Ave.

City Chestertown State MD Zip Code 21620

Purpose of Disbursement postage

Candidate Name **LA FERLA FOR CONGRESS**

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 03 / 27 / 2012

Amount of Each Disbursement this Period: 95.30

Transaction ID : SB17.5270

c. Postmaster

Full Name (Last, First, Middle Initial)

Mailing Address 104 Spring Ave.

City Chestertown State MD Zip Code 21620

Purpose of Disbursement postage

Candidate Name **LA FERLA FOR CONGRESS**

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 03 / 28 / 2012

Amount of Each Disbursement this Period: 57.95

Transaction ID : SB17.5275

SUBTOTAL of Disbursements This Page (optional) 278.48

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42			
	<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)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 1931.00 Transaction ID : SB17.5115
City Columbia State MD Zip Code 21044	Purpose of Disbursement printed materials - signage 004 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) B. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 8500.00 Transaction ID : SB17.5504
City Columbia State MD Zip Code 21044	Purpose of Disbursement debt reduction: mail piece	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) c. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.5505
City Columbia State MD Zip Code 21044	Purpose of Disbursement debt reduction: mail piece 003 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

SUBTOTAL of Disbursements This Page (optional).....	16431.00
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 25 OF 42	
	<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)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 3600.00 Transaction ID : SB17.5506
City Columbia	State MD Zip Code 21044	
Purpose of Disbursement debt reduction: mail piece		Category/ Type 003
Candidate Name LA FERLA FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) B. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 13100.00 Transaction ID : SB17.5509
City Columbia	State MD Zip Code 21044	
Purpose of Disbursement debt reduction: mail piece		Category/ Type 003
Candidate Name LA FERLA FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16700.00
TOTAL This Period (last page this line number only).....	33694.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42			
	<input type="checkbox"/> 17 <input checked="" 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)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cliff Craig		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 5 Bell Waver Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.5259
City Oakland	State CA	
Zip Code 94619	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) B. Ruth Craig		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 5 Bell Waver Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.5260
City Oakland	State CA	
Zip Code 94619	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

Full Name (Last, First, Middle Initial) c. Ruth Craig		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 5 Bell Waver Way		Amount of Each Disbursement this Period 200.00 Transaction ID : SB20A.5262
City Oakland	State CA	
Zip Code 94619	Purpose of Disbursement refund	Category/ Type 010
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1200.00
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 27 OF 42	
	<input type="checkbox"/> 17 <input checked="" 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

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)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Charles Goodman		Date of Disbursement MM / DD / YYYY 03 / 29 / 2012
Mailing Address 1725 Grand View Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.5217
City Berkeley State CA Zip Code 94705	Purpose of Disbursement refund 010 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) B. Amy Heinrich		Date of Disbursement MM / DD / YYYY 03 / 29 / 2012
Mailing Address 3589 Folly Quarter Rd		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.5208
City Ellicott City State MD Zip Code 21042	Purpose of Disbursement refund 010 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) c. Dr. Stacey Keen		Date of Disbursement MM / DD / YYYY 03 / 29 / 2012
Mailing Address 9708 Oak Hill Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.5209
City Ellicott City State MD Zip Code 21042	Purpose of Disbursement refund 010 Category/Type	
Candidate Name LA FERLA FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1250.00
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 28 OF 42	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jon Henry Kouba		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 1215 Filbert St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.5218
City San Francisco	State CA Zip Code 94109	
Purpose of Disbursement refund	Category/Type 010	
Candidate Name LA FERLA FOR CONGRESS	Disbursement For: 2012	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	2700.00

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)

Transaction ID : SC/10.4175

LA FERLA FOR CONGRESS

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

Dr. JOHN JAMES DR J LA FERLA

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

M 12 / D 30 / Y 2011

Date Due

M / D / Y 11/11/12

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

2500.00

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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4175

(Current loan amount of 2500.00 from a balance of 2500.00 has been forgiven)(A previous settlement amount of 2500.00 has been rescinded)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.4628**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Dr. JOHN JAMES DR J LA FERLA
 Primary
 General
 Other (specify) ▼

Mailing Address
 209 BIRCH RUN ROAD
 City State ZIP Code
 CHESTERTOWN MD 21620

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---------------------------------------------------------

TERMS
 Date Incurred: M 02 / D 13 / Y 2012
 Date Due: M / D / Y 1/1/20
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00
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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4628

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)(A previous settlement amount of 10000.00 has been rescinded)

Form/Schedule:

Transaction ID:

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)

Transaction ID : SC/10.4977

LA FERLA FOR CONGRESS

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

Dr. JOHN JAMES DR J LA FERLA

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address

209 BIRCH RUN ROAD

City

State

ZIP Code

CHESTERTOWN

MD

21620

Original Amount of Loan

3518.63

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3518.63

TERMS

Date Incurred

M 03 / D 12 / Y 2012

Date Due

M / D / Y 1/1/20

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

3518.63

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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4977

(Current loan amount of 3518.63 from a balance of 3518.63 has been forgiven)(A previous settlement amount of 3518.63 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.5123**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Dr. JOHN JAMES DR J LA FERLA

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 209 BIRCH RUN ROAD

City State ZIP Code
 CHESTERTOWN MD 21620

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---------------------------------------------------------

TERMS

Date Incurred: M 03 / D 29 / Y 2012
 Date Due: M / D / Y 1/1/20
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5123

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)(A previous settlement amount of 10000.00 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.5125**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. JOHN JAMES DR J LA FERLA	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 209 BIRCH RUN ROAD	

City	State	ZIP Code
CHESTERTOWN	MD	21620

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 30 / Y 2012	M / D / Y 1/1/20	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="31018.63"/>

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5125

(A previous settlement amount of 5000.00 has been rescinded)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1+1 Internet Inc.	Nature of Debt (Purpose): website fees
Mailing Address 701 Lee Road Suite 300	
City State Zip Code Chesterbrooke PA 19087	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5285	
Amount Incurred This Period 14.97	Payment This Period 0.00	Outstanding Balance at Close of This Period 14.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Delmarva Power	Nature of Debt (Purpose): Utilities
Mailing Address 1613 North Salisbury Blvd	
City State Zip Code Salisbury MD 21801	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5287	
Amount Incurred This Period 81.01	Payment This Period 0.00	Outstanding Balance at Close of This Period 81.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Main Street Business Solutions Inc.	Nature of Debt (Purpose): Campaign compliance services
Mailing Address 102 Chester Village	
City State Zip Code Chester MD 21619	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5289	
Amount Incurred This Period 2400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2400.00

1) SUBTOTALS This Period This Page (optional)	2495.98
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Paradee Gas Co.

Mailing Address 28541 John J. Williams Hwy

City Millsboro State DE Zip Code 19966

Nature of Debt (Purpose):
utilities

Transaction ID : SD10.5290

Outstanding Balance Beginning This Period 0.00

Amount Incurred This Period 129.55

Payment This Period 0.00

Outstanding Balance at Close of This Period 129.55

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tru Blu Politics

Mailing Address 5570 Sterrett Place Suite 300

City Columbia State MD Zip Code 21044

Nature of Debt (Purpose):
General campaign consulting fee

Transaction ID : SD10.5012

Outstanding Balance Beginning This Period 5000.00

Amount Incurred This Period 0.00

Payment This Period 0.00

Outstanding Balance at Close of This Period 5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tru Blu Politics

Mailing Address 5570 Sterrett Place Suite 300

City Columbia State MD Zip Code 21044

Nature of Debt (Purpose):
website development

Transaction ID : SD10.5013

Outstanding Balance Beginning This Period 3500.00

Amount Incurred This Period 0.00

Payment This Period 0.00

Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional)	8629.55
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.5013

(Current loan amount of 1500.00 from a balance of 1500.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 42
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tru Blu Politics	Nature of Debt (Purpose): printed materials, mail piece and postage
Mailing Address 5570 Sterrett Place Suite 300	
City State Zip Code Columbia MD 21044	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5011	
Amount Incurred This Period 36863.20	Payment This Period 31200.00	Outstanding Balance at Close of This Period 5663.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): telephone
Mailing Address PO Box 920041	
City State Zip Code Dallas TX 75392	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5291	
Amount Incurred This Period 209.73	Payment This Period 0.00	Outstanding Balance at Close of This Period 209.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	5872.93
2) TOTALS This Period (last page this line number only)	16998.46
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	31018.63
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	48017.09