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Image# 13960817981

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Con			Off	fice Use Only
NAME OF COMMITTEE (in	TYPE OR PRII		xample: If typing ver the lines.	, type	12FE4M5	
KATHY AFZAI	LI FOR CONGRES	S				
	1 1 1 1 1 1 1 1					
ADDRESS (number ar	PO BOX 412					
Chock if dif	forent					
Check if different than previously reported. (ACC)		HEIGHTS			MD 217	14
2. FEC IDENTIFIC	CATION NUMBER V	CITY			STATE A	ZIP CODE
C C0051136	60	3. IS THIS REPORT	NEW (N)	OR	X AMENDED (A)	STATE ▼ DISTRICT MD 06
(a) Quarterly R	PORT (Choose One) eports: 6 Quarterly Report (Q1) Quarterly Report (Q2)	(b) 12-Day PR	E-Election Repor Primary (12P) Convention (13		General (12G) Special (12S)	
	r 15 Quarterly Report (Q3)	Election or				in the State of
January	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Repo	ort for the:	7	
Termina	ution Report (TER)	Election or	General (30G)	D D /	Runoff (30R)	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y 2012	through	M ^{II} M 09	/ D D / Y	2012
I certify that I have a	examined this Report and of Treasurer John Cornel	-	knowledge and b	elief it is tr	rue, correct and co	omplete.
Signature of Treasure	er John Cornelius		[Electronically Fi		Date 02 /	11 / 2013 venalties of 2 U.S.C. §437g.
Office Use Only				3 3		FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

KATHY AFZALI FOR CONGRESS

07 09 30 2012 01 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 13791.99 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 999.99 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 12792.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 27968.98 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 27968.98 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 412.68 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 15700.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3/7

Write or Type Committee Name

KATHY AFZALI FOR CONGRESS

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. C	CONTRIBUTIONS (other than loans) FROM:			
(8	Political Committees	0.00	10500.00	
	(i) Itemized (use Schedule A)	0.00	2292.00	
	(ii) Unitemized	0.00	12792.00	
(k	o) Political Party Committees	0.00	0.00	
(0		0.00	999.99	
(c	d) The Candidate	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	13791.99	
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00	
3. L	OANS:			
(8	a) Made or Guaranteed by the Candidate	0.00	15700.00	
(k	o) All Other Loans	0.00	0.00	
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	15700.00	
4. C	OFFSETS TO OPERATING			
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.28	
6. T	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	29492.27	

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Disbursements PAGE 4/7

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	0.00	27968.98	
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	999.99	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	999.99	
21.	OTHER DISBURSEMENTS	0.00	110.62	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	29079.59	
	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	412.68	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)		412.68	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00	
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		412.68	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

	i
X	13a
	13h

Detailed Summary Page Transaction ID: SC/10.4196 NAME OF COMMITTEE (In Full) KATHY AFZALI FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary KATHY AFZALI General Mailing Address Other (specify) \blacktriangledown PO BOX 412 State ZIP Code City MD 21714 **BRADDOCK HEIGHTS** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M ^D30 Ž012 0.00 03/15/2013 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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	13b

Detailed Summary Page Transaction ID: SC/10.4300 NAME OF COMMITTEE (In Full) KATHY AFZALI FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Primary KATHY AFZALI General Mailing Address Other (specify) \blacktriangledown PO BOX 412 State ZIP Code City MD 21714 **BRADDOCK HEIGHTS** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D27^D ^M 03^M Ž012 3/13/2013 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 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**

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

PAGE

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	13h

for each category of the Detailed Summary Page Transaction ID: SC/10.4284 NAME OF COMMITTEE (In Full) KATHY AFZALI FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary KATHY AFZALI General Mailing Address Other (specify) \blacktriangledown PO BOX 412 State ZIP Code City MD 21714 **BRADDOCK HEIGHTS** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 3700.00 0.00 3700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 09 Ž012 0.00 11/01/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3700.00 TOTALS This Period (last page in this line only) 15700.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.