



**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))....	10060.00	125600.25
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4933.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10060.00	120667.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3687.21	140480.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	318.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3687.21	140161.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6524.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	26018.63	

**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 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8450.00	71275.00
(ii) Unitemized.....	1610.00	29379.18
(iii) TOTAL of contributions from individuals ▶	10060.00	100654.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6500.00
(d) The Candidate.....	0.00	18446.07
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10060.00	125600.25
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	32664.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	32664.70
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	318.61
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	10060.00	158583.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3687.21	140480.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	6646.07
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	6646.07
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4933.00
(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	4933.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3687.21	152059.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10060.00
25. SUBTOTAL (add Line 23 and Line 24).....	10211.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3687.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6524.12

**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 25
	<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)  
**Fouad Abbas**

Mailing Address 7018 Rock Stream Court

City Baltimore State MD Zip Code 21209

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  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : SA11AI.5521**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Madeline Adams**

Mailing Address 203 E. William Street

City Salisbury State MD Zip Code 21801

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

Name of Employer Self Employed Occupation Editor

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  
 09 / 28 / 2012

**Transaction ID : SA11AI.5611**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms O Marie Anderson**

Mailing Address 919 N. Meadowview Dr

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  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11AI.5552**

Amount of Each Receipt this Period  
200.00

**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 25
	<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)  
**Margie Baker**

Mailing Address 220 Calvert Street

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  
**325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2012

**Transaction ID : SA11AI.5546**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Brown**

Mailing Address 4241 North Sand Rd

City State Zip Code  
Hershey NE 69143

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

Name of Employer Occupation  
Self Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : SA11AI.5520**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert Bryan Jr.**

Mailing Address 13761 Shallcross Wharf

City State Zip Code  
Kennedyville MD 21645

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  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11AI.5551**

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 7 OF 25
	<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)  
**Mrs. Muriel J Cole**

Mailing Address 207 E. Campus Ave

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  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2012

**Transaction ID : SA11AI.5548**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan Delean-Botkin**

Mailing Address 202 Third Street

City State Zip Code  
Oxford MD 21654

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

Name of Employer Occupation  
Family Care of Easton Nurse Practitioner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.5612**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Franch**

Mailing Address 607 East 34th Street

City State Zip Code  
Baltimore MD 21218

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 / D D / Y Y Y Y  
08 / 13 / 2012

**Transaction ID : SA11AI.5526**

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: PAGE 8 OF 25  
(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)  
**R. Dennis Hager**

Mailing Address 373 Cypress St  
PO Box 390

City Millington State MD Zip Code 21651

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

Name of Employer Millington Pharmacy Occupation Pharmacist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.5614**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Christian Havemeyer**

Mailing Address 24031 Walnut Point Rd.

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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11AI.5543**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Jorgenson**

Mailing Address 209 Washington Ave

City Chestertown State MD Zip Code 21620

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

Name of Employer Joseph, Greenwald, & Laake Occupation Attorney

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  
 09 / 15 / 2012

**Transaction ID : SA11AI.5532**

Amount of Each Receipt this Period  
500.00

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

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

2250.00



**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 25
	<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)  
**Stephen Meehan**

Mailing Address 105 Riverview Place

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
Self Employed 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  
09 / 28 / 2012

**Transaction ID : SA11AI.5613**

Amount of Each Receipt this Period  
250.00

**B.** 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  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.5581**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Mintz**

Mailing Address 1721 Arlington Ave

City State Zip Code  
Halethorpe MD 21227

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

Name of Employer Occupation  
The Walters Art Museum Curator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA11AI.5585**

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 10 OF 25
	<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)  
**Eleanor Preston**

Mailing Address 6306 Swords Way

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
Self Employed Self Employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2012

**Transaction ID : SA11AI.5549**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 402 14th Street

City State Zip Code  
Ocean City MD 21842

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2012

**Transaction ID : SA11AI.5615**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Salett**

Mailing Address 6860 Pentridge Ct

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Occupation  
Self Consultant

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  
 09 / 30 / 2012

**Transaction ID : SA11AI.5582**

Amount of Each Receipt this Period  
500.00

**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 11 OF 25
	<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) <b>A. Dana Simson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012	
Mailing Address 501 West Main Street		<b>Transaction ID : SA11AI.5599</b>	
City Salisbury	State MD	Zip Code 21801	Amount of Each Receipt this Period 450.00 In-kind - ad copy designed
FEC ID number of contributing federal political committee. C			
Name of Employer Chesapeake East Calendar Guide	Occupation Business Owner		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>B. Mark C Stover</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012	
Mailing Address 4712 Falcon St		<b>Transaction ID : SA11AI.5540</b>	
City Rockville	State MD	Zip Code 20853	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	8450.00

**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 12 OF 25	
	<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) <b>A. Act Blue</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period 112.59 <b>Transaction ID : SB17.5597</b>
City Cambridge	State MA Zip Code 02138	
Purpose of Disbursement payment processing fees	Category/Type 003	
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>B. Erik Gulbrandsen</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address 23077 Old Fairlee Rd.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.5575</b>
City Chestertown	State MD Zip Code 21620	
Purpose of Disbursement Field Consulting	Category/Type 001	
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>C. Dr. JOHN JAMES DR J LA FERLA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 120.52 <b>Transaction ID : SB17.5570</b>
City CHESTERTOWN	State MD Zip Code 21620	
Purpose of Disbursement Meeting expense	Category/Type 007	
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1233.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 25	
	<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) <b>A. Dr. JOHN JAMES DR J LA FERLA</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 518.50 <b>Transaction ID : SB17.5571</b>
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement Cell phone for campaign	Category/ Type 001
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>B. John Leekley</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address 201 Maple Ave		Amount of Each Disbursement this Period 62.50 <b>Transaction ID : SB17.5568</b>
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement e-media consulting	Category/ Type 003
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 01	

Full Name (Last, First, Middle Initial) <b>c. Main Street Business Solutions Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 102 Chester Village		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.5564</b>
City Chester	State MD	
Zip Code 21619	Purpose of Disbursement debt payment- compliance	Category/ Type 009
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	518.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25			
	<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) <b>A. Main Street Business Solutions Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 102 Chester Village			Amount of Each Disbursement this Period 456.25 <b>Transaction ID : SB17.5573</b>
City Chester	State MD	Zip Code 21619	
Purpose of Disbursement debt payment - compliance		Category/ Type 001	
Candidate Name <b>LA FERLA FOR CONGRESS</b>			
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>B. Main Street Business Solutions Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 102 Chester Village			Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.5574</b>
City Chester	State MD	Zip Code 21619	
Purpose of Disbursement Compliance consultant		Category/ Type 001	
Candidate Name <b>LA FERLA FOR CONGRESS</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MD	District: 01		

Full Name (Last, First, Middle Initial) <b>c. Mr. Thomas Martin</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 112 Cross Street			Amount of Each Disbursement this Period 94.35 <b>Transaction ID : SB17.5569</b>
City Chestertown	State MD	Zip Code 21620	
Purpose of Disbursement Travel, mileage reimbursement		Category/ Type 002	
Candidate Name <b>LA FERLA FOR CONGRESS</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MD	District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	925.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 25	
	<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) <b>A. Dana Simson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 501 West Main Street		Amount of Each Disbursement this Period 450.00
City Salisbury	State MD Zip Code 21801	
Purpose of Disbursement In-kind - ad copy designed	Category/Type	<b>Transaction ID : SB17.5601</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Beilin Zia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 379 Cypress St		Amount of Each Disbursement this Period 100.00
City Millington	State MD Zip Code 21651	
Purpose of Disbursement Communications	Category/Type 003	<b>Transaction ID : SB17.5559</b>
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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>c. Beilin Zia</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 379 Cypress St		Amount of Each Disbursement this Period 100.00
City Millington	State MD Zip Code 21651	
Purpose of Disbursement Communications	Category/Type 003	<b>Transaction ID : SB17.5561</b>
Candidate Name <b>LA FERLA FOR CONGRESS</b>		
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	650.00
<b>TOTAL</b> 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 16 OF 25			
	<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) <b>A. Beilin Zia</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 379 Cypress St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.5562</b>
City Millington State MD Zip Code 21651	Purpose of Disbursement Communications 003 Category/Type	
Candidate Name <b>LA FERLA FOR CONGRESS</b>	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>B. Beilin Zia</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 379 Cypress St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.5567</b>
City Millington State MD Zip Code 21651	Purpose of Disbursement Communications 003 Category/Type	
Candidate Name <b>LA FERLA FOR CONGRESS</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) <b>C.</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	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	3527.21



**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)

[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

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 M / D 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`ZG7 <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: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> 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 `F9DCFHZG7 <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**

NAME OF COMMITTEE (In Full) **LA FERLA FOR CONGRESS** Transaction ID : **SC/10.4977**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Dr. JOHN JAMES DR J LA FERLA</b>	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
3518.63	0.00	3518.63

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 12 / Y 2012	M M / D 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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="3518.63"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

**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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Dr. JOHN JAMES DR J LA FERLA</b>	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
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 29 / Y 2012	M M / D 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: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	26018.63

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/10.5123

(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 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  
**Main Street Business Solutions Inc.**

Mailing Address 102 Chester Village

City State Zip Code  
Chester MD 21619

Nature of Debt (Purpose):  
Compliance and reporting services

Outstanding Balance Beginning This Period **806.25** **Transaction ID : SD10.5491**

Amount Incurred This Period **0.00** Payment This Period **806.25** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>0.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	