

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))....	63897.51	67695.31
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	62897.51	66695.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	72950.59	74610.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	124.03	124.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	72826.56	74486.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8227.04	
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).....	24518.63	

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: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39050.00	40300.00
(ii) Unitemized.....	18659.18	19979.18
(iii) TOTAL of contributions from individuals ▶	57709.18	60279.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) The Candidate.....	1188.33	2416.13
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	63897.51	67695.31
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	15164.70	17664.70
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	15164.70	17664.70
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	124.03	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)..... ▶	79186.24	85484.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72950.59	74610.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1646.07	1646.07
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1646.07	1646.07
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(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)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	75596.66	77257.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4637.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	79186.24
25. SUBTOTAL (add Line 23 and Line 24).....	83823.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	75596.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8227.04

**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 66
	<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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2012

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 230 Kingsrow Drive

City Little Rock State AR Zip Code 72207

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 / 01 / 2012

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012

Transaction ID : SA11AI.4405

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 6 OF 66
	<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. Valerie Arkoosh		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2012
Mailing Address 530 Spring Lane		Transaction ID : SA11AI.4762
City Wyndmoor	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer University of Penn.	Occupation Physician	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) B. Peter Baldwin		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2012
Mailing Address 650 Copeland Ct		Transaction ID : SA11AI.4504
City Santa Monica	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UCLA	Occupation Professor	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Ray Bellamy		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2012
Mailing Address 509 Vinnedge Ridge		Transaction ID : SA11AI.4609
City Tallahassee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Tallahassee Orthopedic Clinic	Occupation Physician	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 7 OF 66
	<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)
Ray Bellamy

Mailing Address 509 Vinnedge Ridge

City State Zip Code
Tallahassee FL 32303

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

Name of Employer Occupation
Tallahassee Orthopedic Clinic Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period
100.00

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

Mailing Address 1600 Ludington Lane

City State Zip Code
La Jolla CA 92037

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

Name of Employer Occupation
Retired Professor

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 / 02 / 2012

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period
250.00

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

Mailing Address 5648 Mt. Holly Rd

City State Zip Code
East New Market MD 21631

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

Name of Employer Occupation
Maryland Healthy Weighs Healthcare

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
 02 / 23 / 2012

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period
250.00

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 8 OF 66
	<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)
Kevin Brien

Mailing Address 23956 Walnut Point Rd

City Chestertown State MD Zip Code 21620

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

Name of Employer Washington College Occupation 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 / 13 / 2012

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period
 300.00

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

Mailing Address 13761 Shallcross Wharf

City Kennedyville State MD Zip Code 21645

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
 01 / 23 / 2012

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period
 250.00

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

Mailing Address 202 Bellevue St

City Newton State MA Zip Code 02458

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period
 500.00

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 9 OF 66
	<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 Buxbaum

Mailing Address 202 Bellevue Street

City State Zip Code
Newton MA 02458

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

Name of Employer Occupation
Harvard Vanguard Medical Assoc Physician

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
02 / 23 / 2012

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period
500.00

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

Mailing Address 2865 Kinsington Circle

City State Zip Code
Weston FL 33332

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 Y Y
03 / 07 / 2012

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
W Robert Cook

Mailing Address 206 Birch Run Rd

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Self Veterinarian

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
01 / 23 / 2012

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 66
(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)
Allison Coudert

Mailing Address 2728 Portola Way

City Sacramento State CA Zip Code 95818

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

Name of Employer University of California Occupation 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 / 11 / 2012

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5 Bell Waver Way

City Oakland State CA Zip Code 94619

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 / 07 / 2012

Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5 Bell Waver Way

City Oakland State CA Zip Code 94619

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
 02 / 23 / 2012

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period
 700.00

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 11 OF 66
	<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)
Lewis Cullman

Mailing Address 555 Park Avenue
Apt 12W

City New York State NY Zip Code 10065

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
 03 / 07 / 2012

Transaction ID : SA11AI.4594

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 204 S. Hanson St

City Easton State MD Zip Code 21601

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

Name of Employer Chesapeake Pathology Associate Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6855 Cookes Hope Rd

City Easton State MD Zip Code 21601

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

Name of Employer River Family Physicians Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4513

Amount of Each Receipt this Period
 500.00

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

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

3500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 66

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kevin Donohue

Mailing Address 3706 Willey Rd

City State Zip Code
 Hurlock MD 21643

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

Name of Employer Occupation
 Retired Professor

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
 02 / 16 / 2012

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1329 Park Avenue

City State Zip Code
 Baltimore MD 21217

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
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2012

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period
 250.00

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

Mailing Address 85 Park Rd.

City State Zip Code
 Chelmsford MA 01824

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

Name of Employer Occupation
 Next Generation Child Care Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2012

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 66
	<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)
Terence T Finn

Mailing Address 8744 S. Bayview 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2012

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period
 500.00

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

Mailing Address 357 High Street

City Chestertown State MD Zip Code 21620

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

Name of Employer The Yacht Exchange Occupation boat dealer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2012

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period
 100.00

C. 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
 01 / 17 / 2012

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period
 500.00

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

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

1100.00

**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 66
	<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)
Qiwei Bill Gai

Mailing Address 10045 Whitworth Way

City Ellicott City State MD Zip Code 21042

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

Name of Employer Bay Oncology Occupation Oncologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period
 500.00

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

Mailing Address 12246 Locust Grove Rd

City Kennedyville State MD Zip Code 21645

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

Name of Employer Self Occupation Farmer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Charles Goodman

Mailing Address 1725 Grand View Drive

City Berkeley State CA Zip Code 94705

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 / 11 / 2012

Transaction ID : SA11AI.4716

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 66
	<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)
Valerie Goodman

Mailing Address 2540 Centreville Rd

City Centreville State MD Zip Code 21617

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

Name of Employer Shore Family Practice 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
 02 / 01 / 2012

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period
 300.00

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

Mailing Address 7207 Grouper Court

City Wilmington State NC Zip Code 28409

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

Name of Employer University of North Carolina 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
 01 / 17 / 2012

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 447 Zephyr Rd

City Venice State FL Zip Code 34293

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 / 14 / 2012

Transaction ID : SA11AI.5023

Amount of Each Receipt this Period
 50.00

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 16 OF 66
(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)
Harry Hart

Mailing Address 855 High Street

City State Zip Code
Chestertown MD 21620

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
 02 / 27 / 2012

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period
 250.00

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

Mailing Address 14702 John Peel Rd

City State Zip Code
Galena MD 21635

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

Name of Employer Self Occupation Self

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2012

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3589 Folly Quarter Rd

City State Zip Code
Ellicott City MD 21042

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

Name of Employer Goodell, DeVries, Leech & Dann Occupation Partner

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 / 11 / 2012

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 66
	<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. Kenneth Herlihy		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2012	
Mailing Address 14006 Huyett Lane		Transaction ID : SA11AI.4548	
City Galena	State MD	Zip Code 21635	Amount of Each Receipt this Period 500.00
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 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Rachel Howland		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2012	
Mailing Address 227 N. Liberty Street		Transaction ID : SA11AI.4664	
City Centerville	State MD	Zip Code 21617	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Allergy and Asthma Care, Inc.	Occupation Physician		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. Shirley Hunt		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2012	
Mailing Address 111 N. Queen Street		Transaction ID : SA11AI.4689	
City Chestertown	State MD	Zip Code 21620	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Nurse Tech		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

SUBTOTAL of Receipts This Page (optional).....	3400.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 66
(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)
Harriet Iglehart

Mailing Address 15905 Carroll Rd

City State Zip Code
Monkton MD 21111

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

Name of Employer Occupation
None Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2012

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
250.00

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

Mailing Address 10301 Dunfries Rd

City State Zip Code
Vienna VA 22181

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

Name of Employer Occupation
Pal-Tech, Inc. Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2012

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period
250.00

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

Mailing Address 1712 South Mason St

City State Zip Code
Appleton WI 54914

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2012

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 66
	<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)
Jeffrey Kaplan

Mailing Address 400 E Randall St

City Baltimore State MD Zip Code 21230

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
 01 / 25 / 2012

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stacey Keen

Mailing Address 9708 Oak Hill Dr

City Ellicott City State MD Zip Code 21042

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

Name of Employer Advanced Radiology Occupation Radiologist

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 / 11 / 2012

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Jon Henry Kouba

Mailing Address 1215 Filbert St

City San Francisco State CA Zip Code 94109

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 / 11 / 2012

Transaction ID : SA11AI.4714

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 66
	<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)
Jim Lavin

Mailing Address PO BOX 400

City Crumpton State MD Zip Code 21628

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

Name of Employer Self Occupation Medical Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1175 Pelham Rd

City Winnetka State IL Zip Code 60093

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

Name of Employer Self Occupation Activist

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 / 05 / 2012

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period
 500.00

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

Mailing Address 27 Mountain Meadow Dr

City Woodside State CA Zip Code 94062

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

Name of Employer None Occupation Lawyer

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 / 02 / 2012

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 66
	<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)
Edmund MacLaughlin

Mailing Address 10 Aurora St

City Cambridge State MD Zip Code 21613

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 / 01 / 2012

Transaction ID : SA11AI.4561

Amount of Each Receipt this Period
 250.00

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

Mailing Address 6508 Pyle Rd

City Bethesda State MD Zip Code 20817

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
 01 / 17 / 2012

Transaction ID : SA11AI.4401

Amount of Each Receipt this Period
 250.00

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

Mailing Address 20639 Andrew 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 / 11 / 2012

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period
 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 66
	<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)
C James Marquette

Mailing Address 2401 Beech St

City State Zip Code
Cambridge MD 21613

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
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period
250.00

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

Mailing Address 12503 Natureview Cir

City State Zip Code
Bradenton FL 34212

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

Name of Employer Occupation
Ob/Gyn Women's Center of Lakew Physician

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 / 07 / 2012

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period
250.00

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

Mailing Address 160 Sallitt Drive
Ste 106

City State Zip Code
Stevensville MD 21666

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

Name of Employer Occupation
Self Pediatric Dentist

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 / 09 / 2012

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 66
	<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)
Paul Monte

Mailing Address 29008 Delahay Drive

City State Zip Code
Trappe MD 21673

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

Name of Employer Occupation
Eagle Hospital Physicians 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
 02 / 23 / 2012

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
250.00

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

Mailing Address 1113 Riverside Dr

City State Zip Code
Salisbury MD 21801

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

Name of Employer Occupation
First Shore Federal Banker

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
 02 / 22 / 2012

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 346

City State Zip Code
Upper Marlboro MD 20773

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

Name of Employer Occupation
American Radiology Associates Radiologist

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
 02 / 23 / 2012

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 66
(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)
Antonio Nelson

Mailing Address **PO Box 346**

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

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

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

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 / 14 / 2012

Transaction ID : SA11AI.5022

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ruth K Nelson

Mailing Address **1350 S. Boulder Street, Suite 400**

City **Tulsa** State **OK** Zip Code **74119**

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period
250.00

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

Mailing Address **10709 Tilden Lane**

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

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

Name of Employer **Universal Universalist Church** Occupation **Minister**

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 / 11 / 2012

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 66
	<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)
Elizabeth R O'Donoghue

Mailing Address 25741 Pearce Way

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Ches. Bank and Trust Financial Advisor

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
 01 / 23 / 2012

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Elizabeth R O'Donoghue

Mailing Address 25741 Pearce Way

City State Zip Code
Chestertown MD 21620

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

Name of Employer Occupation
Ches. Bank and Trust Financial Advisor

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
 03 / 11 / 2012

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
50.00

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

Mailing Address 7444 Jeffreys Way

City State Zip Code
Easton MD 21601

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
 02 / 23 / 2012

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period
250.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 66
	<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)
Diane Parker

Mailing Address **PO Box 1011**

City **Thomasville** State **GA** Zip Code **31799**

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2012

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Peimer

Mailing Address **8774 Orchard Dr**

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

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : SA11AI.4550

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Melvin Rapelyea

Mailing Address **17 Bayside Blvd**

City **Betterton** State **MD** Zip Code **21610**

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : SA11AI.4552

Amount of Each Receipt this Period
500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 66
	<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 Rayburn

Mailing Address 6112 Copper Rose St. NE

City Alburquerque State NM Zip Code 87111

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

Name of Employer New Mexico School of Medicine Occupation Physician/Professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11AI.4585

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Terry Rubenstein

Mailing Address 6438 Cloister Gate Dr

City Baltimore State MD Zip Code 21212

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

Name of Employer the Joseph and Harvey. Meyerho Occupation Exec. Vice President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2012

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
 500.00

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

Mailing Address 29 W. Susquehanna Ave Suite 610

City Towson State MD Zip Code 21204

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
 03 / 13 / 2012

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
 1000.00

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 28 OF 66
	<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. Stanley Salett		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 06 / 2012
Mailing Address 6860 Pentridge Ct		Transaction ID : SA11AI.4451
City Chestertown	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 1000.00	

Full Name (Last, First, Middle Initial) B. Kenneth Siegel		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 16 / 2012
Mailing Address 397 Carleton Ave		Transaction ID : SA11AI.4486
City Glen Ellyn	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DuPage Medical Group	Occupation Physician	
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. Stephen Sinatra		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2012
Mailing Address 1090 Pinellas Bayway Unit A7		Transaction ID : SA11AI.4537
City Tierra Verde	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 29 OF 66
	<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)
Neil Stoddard

Mailing Address 902 N. Meadowview Dr

City Chestertown State MD Zip Code 21620

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

Name of Employer Chester River Health Systems Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2012

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
 300.00

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

Mailing Address 1919 Brandywine St

City Philadelphia State PA Zip Code 19130

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

Name of Employer University of Pennsylvania Occupation Professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period
 500.00

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
 02 / 08 / 2012

Transaction ID : SA11AI.4460

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 30 OF 66
	<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)
Mark C Stover

Mailing Address 4712 Falcon St

City State Zip Code
Rockville MD 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
1000.00

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

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period
500.00

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

Mailing Address 4712 Falcon St

City State Zip Code
Rockville MD 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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Henry A Thiede

Mailing Address PO Box 405

City State Zip Code
Pittsford NY 14534

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

Name of Employer Retired Occupation Medical Doctor/Professor of Medicine

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
 02 / 03 / 2012

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 66
	<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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2012

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert Walker

Mailing Address PO Box 343

City State Zip Code
Blue Hill ME 04614

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

Name of Employer Occupation
Blue Hill Memorial Hospital 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
 02 / 13 / 2012

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period
500.00

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

Mailing Address 10801 Hilltop Lane

City State Zip Code
Columbia MD 21044

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

Name of Employer Occupation
Howard Community Hospital Head of OB/GYN

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 / 09 / 2012

Transaction ID : SA11AI.4648

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 66
	<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)
Jamie Wolf

Mailing Address 812 North Foothill Rd

City Beverly Hills State CA Zip Code 90210

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

Name of Employer Self Occupation Writer

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 / 02 / 2012

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kin K Wun

Mailing Address 113 Manor Ave

City Chestertown State MD Zip Code 11620

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
 02 / 27 / 2012

Transaction ID : SA11AI.4555

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 / 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).....

500.00

39050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 33 OF 66
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LA FERLA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
The American Congress of OB-GYNS PAC

Mailing Address 409 12th Street SW

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : SA11C.4629

Amount of Each Receipt this Period
 5000.00

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 / 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 / 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).....

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 66
	<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 CHESTERTOWN State MD Zip Code 21620

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

Name of Employer Corsica Womens Health Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4185.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 01 / 2012

Transaction ID : SA11D.4979

Amount of Each Receipt this Period
457.42
 Staples office supply donated

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

Mailing Address 209 BIRCH RUN ROAD

City CHESTERTOWN State MD Zip Code 21620

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

Name of Employer Corsica Womens Health Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4430.21

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 07 / 2012

Transaction ID : SA11D.4981

Amount of Each Receipt this Period
244.99
 In-kind - fundraising event costs

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

Mailing Address 209 BIRCH RUN ROAD

City CHESTERTOWN State MD Zip Code 21620

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

Name of Employer Corsica Womens Health Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4561.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 07 / 2012

Transaction ID : SA11D.4983

Amount of Each Receipt this Period
130.94
 In-kind - Staff meals

SUBTOTAL of Receipts This Page (optional).....	833.35
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 35 OF 66
	<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
4643.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 18 2012

Transaction ID : SA11D.5001

Amount of Each Receipt this Period
82.51

In-kind - Staff meals, dinner meeting

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
4776.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 20 2012

Transaction ID : SA11D.5003

Amount of Each Receipt this Period
53.00

In-kind - Travel

C. 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
4723.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 20 2012

Transaction ID : SA11D.5004

Amount of Each Receipt this Period
79.49

In-kind - telephone equipment

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

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

215.00

**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 36 OF 66
	<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
16488.98

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 29 2012

Transaction ID : SA11D.5002

Amount of Each Receipt this Period
66.76

In-kind - staff meals, dinner meeting

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
16562.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 05 2012

Transaction ID : SA11D.5005

Amount of Each Receipt this Period
73.22

In-kind - staff meals dinner meeting

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).....

139.98

1188.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 66
	<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
6422.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 08 2012

Transaction ID : SA13A.4626

Amount of Each Receipt this Period
1646.07

Loan to campaign via paypal

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
16422.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 13 2012

Transaction ID : SA13A.4628

Amount of Each Receipt this Period
10000.00

loan to campaign

C. 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
20080.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 12 2012

Transaction ID : SA13A.4977

Amount of Each Receipt this Period
3518.63

Paid campaign expenses on personal credit card

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

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

15164.70

15164.70

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

Form/Schedule: SA13A

Transaction ID : SA13A.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: SA13A

Transaction ID: SA13A.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)

**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 39 OF 66	
	<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 02 / 19 / 2012	
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period	
City Cambridge State MA Zip Code 02138		187.65	
Purpose of Disbursement payment processing fees		Transaction ID : SB17.4950	
Candidate Name LA FERLA FOR CONGRESS		Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MD District: 01		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Act Blue		M M / D D / Y Y Y Y 02 / 26 / 2012	
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period	
City Cambridge State MA Zip Code 02138		107.65	
Purpose of Disbursement payment processing fees		Transaction ID : SB17.4953	
Candidate Name LA FERLA FOR CONGRESS		Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MD District: 01		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Act Blue		M M / D D / Y Y Y Y 03 / 04 / 2012	
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period	
City Cambridge State MA Zip Code 02138		218.45	
Purpose of Disbursement payment processing fees		Transaction ID : SB17.4954	
Candidate Name LA FERLA FOR CONGRESS		Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: MD District: 01		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	513.75
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 40 OF 66	
	<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 / 11 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period
City Cambridge State MA Zip Code 02138		289.14
Purpose of Disbursement payment processing fees	Category/Type 003	Transaction ID : SB17.4956
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)		Date of Disbursement
B. Act Blue		M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 14 Arrow Street Suite 11		Amount of Each Disbursement this Period
City Cambridge State MA Zip Code 02138		56.72
Purpose of Disbursement	Category/Type 003	Transaction ID : SB17.4960
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)		Date of Disbursement
c. Bills Lock and Key		M M / D D / Y Y Y Y 01 / 23 / 2012
Mailing Address 608 High Street		Amount of Each Disbursement this Period
City Chestertown State MD Zip Code 21620		248.05
Purpose of Disbursement Rent office suite, rekey locks	Category/Type 001	Transaction ID : SB17.4898
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).....	593.91
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 41 OF 66	
	<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. Lisabeth Carter		Date of Disbursement MM / DD / YYYY 02 / 10 / 2012
Mailing Address 7315 Benson Way		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4906
City Orlando	State FL Zip Code 32720	
Purpose of Disbursement Campaign management services	Category/Type 001	
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. George Connelly		Date of Disbursement MM / DD / YYYY 02 / 14 / 2012
Mailing Address 411 Washington Street		Amount of Each Disbursement this Period 1312.70 Transaction ID : SB17.4913
City Chestertown	State MD Zip Code 21620	
Purpose of Disbursement Finance management services	Category/Type 001	
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. George Connelly		Date of Disbursement MM / DD / YYYY 02 / 19 / 2012
Mailing Address 411 Washington Street		Amount of Each Disbursement this Period 580.65 Transaction ID : SB17.4917
City Chestertown	State MD Zip Code 21620	
Purpose of Disbursement Reimburse travel, office supply, and fundraising event costs	Category/Type 001	
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).....	3093.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 66			
	<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. George Connelly		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address 411 Washington Street		Amount of Each Disbursement this Period 1714.38 Transaction ID : SB17.4939
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement Finance management services	Category/ Type 001
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. Delmarva Power		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address 1613 North Salisbury Blvd		Amount of Each Disbursement this Period 110.01 Transaction ID : SB17.4942
City Salisbury	State MD	
Zip Code 21801	Purpose of Disbursement Utilities - electric	Category/ Type 001
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. Johnson Fortenbaugh		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 357 High Street		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4901
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement Rent office	Category/ Type 001
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).....	2124.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 66	
	<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. Johnson Fortenbaugh		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 357 High Street		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4929
City Chestertown	State MD	
Purpose of Disbursement rent office	Category/ Type 001	
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. Robert Janega		Date of Disbursement MM / DD / YYYY 01 / 20 / 2012
Mailing Address 411 Washington Ave		Amount of Each Disbursement this Period 475.00 Transaction ID : SB17.4897
City Chestertown	State MD	
Purpose of Disbursement Finance Manager, advance on wages	Category/ Type 001	
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. JOHN JAMES DR J LA FERLA		Date of Disbursement MM / DD / YYYY 01 / 01 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 457.42 Transaction ID : SB17.4980
City CHESTERTOWN	State MD	
Purpose of Disbursement Staples office supply donated	Category/ Type 001	
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).....	1232.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 66	
	<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. Dr. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 244.99 Transaction ID : SB17.4982
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement In-kind - fundraising event costs	Category/ Type
Candidate Name	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. Dr. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 130.94 Transaction ID : SB17.4984
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement In-kind - Staff meals	Category/ Type
Candidate Name	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. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 82.51 Transaction ID : SB17.5010
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement In-kind - Staff meals, dinner meeting	Category/ Type
Candidate Name	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).....	458.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 66	
	<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. Dr. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 79.49 Transaction ID : SB17.5007
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement In-kind - telephone equipment	Category/ Type
Candidate Name	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. Dr. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 53.00 Transaction ID : SB17.5008
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement In-kind - Travel	Category/ Type
Candidate Name	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. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 79.07 Transaction ID : SB17.4928
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement Meals reimbursment - staff	Category/ Type 001
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).....	211.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 66	
	<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. Dr. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 66.76 Transaction ID : SB17.5009
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement In-kind - staff meals, dinner meeting	Category/ Type
Candidate Name	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	
State: MD District: 01	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Dr. JOHN JAMES DR J LA FERLA		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 209 BIRCH RUN ROAD		Amount of Each Disbursement this Period 73.22 Transaction ID : SB17.5006
City CHESTERTOWN	State MD	
Zip Code 21620	Purpose of Disbursement In-kind - staff meals dinner meeting	Category/ Type
Candidate Name	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	
State: MD District: 01	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Mr. Lawrence LaFerla		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012
Mailing Address 83 Montgomery Street		Amount of Each Disbursement this Period 160.30 Transaction ID : SB17.4944
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement website work	Category/ Type 004
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	
State: MD District: 01	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	300.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 66	
	<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. Main Street Business Solutions Inc.			Date of Disbursement MM / DD / YYYY 02 / 02 / 2012	
Mailing Address 102 Chester Village			Amount of Each Disbursement this Period 1492.50	
City Chester	State MD	Zip Code 21619	Transaction ID : SB17.4905	
Purpose of Disbursement Compliance consultant services		Category/ Type 001		
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. Main Street Business Solutions Inc.			Date of Disbursement MM / DD / YYYY 03 / 13 / 2012	
Mailing Address 102 Chester Village			Amount of Each Disbursement this Period 756.80	
City Chester	State MD	Zip Code 21619	Transaction ID : SB17.4937	
Purpose of Disbursement compliance consulting services		Category/ Type 001		
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. Main Street Business Solutions Inc.			Date of Disbursement MM / DD / YYYY 03 / 13 / 2012	
Mailing Address 102 Chester Village			Amount of Each Disbursement this Period 735.44	
City Chester	State MD	Zip Code 21619	Transaction ID : SB17.4938	
Purpose of Disbursement Campaign compliance services		Category/ Type 001		
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).....	2984.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 66			
	<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. Mr. Thomas Martin			Date of Disbursement MM / DD / YYYY 02 / 23 / 2012		
Mailing Address 112 Cross Street			Amount of Each Disbursement this Period 1250.00		
City Chestertown	State MD	Zip Code 21620	Transaction ID : SB17.4923		
Purpose of Disbursement Campaign management services		Category/ Type 001			
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. Mr. Thomas Martin			Date of Disbursement MM / DD / YYYY 02 / 24 / 2012		
Mailing Address 112 Cross Street			Amount of Each Disbursement this Period 1265.00		
City Chestertown	State MD	Zip Code 21620	Transaction ID : SB17.4927		
Purpose of Disbursement Campaign management services		Category/ Type 001			
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. Mr. Thomas Martin			Date of Disbursement MM / DD / YYYY 03 / 13 / 2012		
Mailing Address 112 Cross Street			Amount of Each Disbursement this Period 2500.00		
City Chestertown	State MD	Zip Code 21620	Transaction ID : SB17.4940		
Purpose of Disbursement Campaign management services		Category/ Type 001			
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).....	5015.00
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 49 OF 66	
	<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. Maryland State Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 33 West Street		Amount of Each Disbursement this Period 3750.00 Transaction ID : SB17.4895
City Annapolis	State MD	
Zip Code 21401	Purpose of Disbursement software purchase	Category/ Type 001
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. Paradee Gas Co.		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012
Mailing Address 28541 John J. Williams Hwy		Amount of Each Disbursement this Period 311.17 Transaction ID : SB17.4920
City Millsboro	State DE	
Zip Code 19966	Purpose of Disbursement Utilities - heat	Category/ Type 001
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. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012
Mailing Address 104 Spring Ave.		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.4916
City Chestertown	State MD	
Zip Code 21620	Purpose of Disbursement postage	Category/ Type 001
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).....	4151.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 66			
	<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. Postmaster		M M / D D / Y Y Y Y 02 / 23 / 2012
Mailing Address 104 Spring Ave.		Amount of Each Disbursement this Period
City State Zip Code Chestertown MD 21620		90.00
Purpose of Disbursement postage	Category/ Type	Transaction ID : SB17.4921
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)		Date of Disbursement
B. Postmaster		M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 104 Spring Ave.		Amount of Each Disbursement this Period
City State Zip Code Chestertown MD 21620		90.00
Purpose of Disbursement postage	Category/ Type	Transaction ID : SB17.4935
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)		Date of Disbursement
c. Sharp Political Consulting LLC		M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address PO Box 334		Amount of Each Disbursement this Period
City State Zip Code Strawburg VA 22657		3130.22
Purpose of Disbursement Finance Consulting services	Category/ Type	Transaction ID : SB17.4945
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).....	3310.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 66			
	<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. Sharp Political Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address PO Box 334		Amount of Each Disbursement this Period 3518.78 Transaction ID : SB17.4976
City Strasburg	State VA	
Zip Code 22657	Purpose of Disbursement Campaign Finance consulting	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 01 / 04 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 225.06 Transaction ID : SB17.4892
City Columbia	State MD	
Zip Code 21044	Purpose of Disbursement campaign materials	Category/ Type 006
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 02 / 13 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 2662.14 Transaction ID : SB17.4908
City Columbia	State MD	
Zip Code 21044	Purpose of Disbursement Political consulting fee	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	

SUBTOTAL of Disbursements This Page (optional).....	6405.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 66	
	<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 MM / DD / YYYY 02 / 14 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 9,999.99 2000.00 Transaction ID : SB17.4910
City Columbia State MD Zip Code 21044	Purpose of Disbursement website deposit Category/Type 004	
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 MM / DD / YYYY 02 / 14 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 9,999.99 5000.00 Transaction ID : SB17.4914
City Columbia State MD Zip Code 21044	Purpose of Disbursement Political consulting services 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. Tru Blu Politics		Date of Disbursement MM / DD / YYYY 02 / 15 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 9,999.99 2500.00 Transaction ID : SB17.4915
City Columbia State MD Zip Code 21044	Purpose of Disbursement Political consulting services 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		

SUBTOTAL of Disbursements This Page (optional).....	9500.00
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 53 OF 66			
	<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 MM / DD / YYYY 02 / 23 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4924
City Columbia State MD Zip Code 21044	Purpose of Disbursement Printed materials - mail piece and postage Category/Type 004	
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 MM / DD / YYYY 03 / 05 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 12500.00 Transaction ID : SB17.4931
City Columbia State MD Zip Code 21044	Purpose of Disbursement campaign printed materials, mail piece and postage 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. Tru Blu Politics		Date of Disbursement MM / DD / YYYY 03 / 08 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4934
City Columbia State MD Zip Code 21044	Purpose of Disbursement Campaign printed materials: mail piece and postage 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		

SUBTOTAL of Disbursements This Page (optional).....	25000.00
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 54 OF 66			
	<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 / 13 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 1650.00 Transaction ID : SB17.4936
City Columbia State MD Zip Code 21044	Purpose of Disbursement telephone services - robocalls 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		

Full Name (Last, First, Middle Initial) B. Tru Blu Politics		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address 5570 Sterrett Place Suite 300		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4943
City Columbia State MD Zip Code 21044	Purpose of Disbursement campaign materials: mail piece and postage 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		

Full Name (Last, First, Middle Initial) c. Verizon		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 256.64 Transaction ID : SB17.4912
City Dallas State TX Zip Code 75392	Purpose of Disbursement telephones 001 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).....	5906.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 66	
	<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. Verizon		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 252.93 Transaction ID : SB17.4930
City Dallas	State TX	
Zip Code 75392	Purpose of Disbursement telephone	Category/ Type 001
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. Beilin Zia		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 379 Cypress St		Amount of Each Disbursement this Period 96.63 Transaction ID : SB17.4903
City Millington	State MD	
Zip Code 21651	Purpose of Disbursement Intern - staff wages	Category/ Type 001
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 MM / DD / YYYY
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).....	349.56
TOTAL This Period (last page this line number only).....	71151.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. Citi Universal		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address PO Box 183037		Amount of Each Disbursement this Period 1646.07 Transaction ID : SB19A.4933
City Columbus State OH Zip Code 43218	Purpose of Disbursement reimburse credit card charges to personal card 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.		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:		

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).....	1646.07
TOTAL This Period (last page this line number only).....	1646.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 66	
	<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. Ann Buxbaum		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2012
Mailing Address 202 Bellevue St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4962
City Newton	State MA	
Purpose of Disbursement refund of donation	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. Robert Buxbaum		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2012
Mailing Address 202 Bellevue Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4963
City Newton	State MA	
Purpose of Disbursement refund of donation	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
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).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

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)

[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 / 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

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/10.4626

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1646.07

1646.07

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

08

2012

1/1/2020

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4628

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

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:

02

13

2012

1/1/20

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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 =N5 HCB

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**

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
3518.63	0.00	3518.63

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 12 / 2012	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: []

SUBTOTALS This Period This Page (optional).....	3518.63
TOTALS This Period (last page in this line only).....	16018.63

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/10.4977

(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 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

Tru Blu Politics

Nature of Debt (Purpose):

General campaign consulting fee

Mailing Address 5570 Sterrett Place
Suite 300

City State Zip Code
Columbia MD 21044

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5012

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

Tru Blu Politics

Nature of Debt (Purpose):

website development

Mailing Address 5570 Sterrett Place
Suite 300

City State Zip Code
Columbia MD 21044

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5013

Amount Incurred This Period

3500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

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)

8500.00

2) **TOTALS** This Period (last page this line number only)

8500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

16018.63

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

24518.63

: 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: