N _S	Yes	ependent child	ities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income ss you have fi	er assets, "une swer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION because they r
₹	Yes	ot be	ccepted trusts" need n	s and certain other "ex	nittee on Ethic ting you, your	d by the Comm h a trust benefi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS - Det disclosed. Hav
S	EACH OF THESE QUESTIONS	OF THESE	WER	MATION — ANS	TINFOR	OR TRUS	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSIO
	response.	each "Yes"	lule attached for each "Yes" response	appropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedu	
N _O	Yes	\$5,000 from	pensation of more than to prior years?	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	No C	Yes X	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you, your spouse, or able liability (more than \$10.0 If yes, complete and attach
Š	eg	rangement	oortable agreement or an	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _O	Yes 🔀	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, your income of more to reportable asset if yes, complete
§	Yes X	before the date or two years?	trach Schedule IV.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	N _N	Yes 🔀	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? yes, complete and attach Schedule I. 	l. Did you or you fees) of \$200 or i
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	n all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWI	n all sections, p
	more than 30 days late.	more than				Office:	New officer or Employing Office	Status
assessed who files	A \$200 penalty shall be assessed against any individual who files	A \$200 per	Check if Amendment	NOV 2014	Date of Election:	MARYLAND	X Candidate for the State:	Filer
	(Office Use Only)	W (
i e	C.S. HÖÜSE GANLI LÉBENINITA	CS. HJUSE U		Daytime Telephone:	Daytime		JOHN JAMES LAFERLA	Name:
Page 1 of \$\frac{1}{2}\$		2013 AUG - 5	I B and new employees	FORM B For use by candidates and new employees		SACTOR SALVER	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, בון של און	UNITED ST FINANCIAI Period cover

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JOHN JAMES LAFERLA

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and	ment programs, and benefits re	benefits received under the Social Security Act.	security Act.
Composite data of receipt for homograph)	Type	Amount	unt
Source (include date of receipt for nonorana)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
JOHN J. LAFERLA, MO, PA	SALARY	4,000.7	50,000.7
CHOPTANK COMMUNITY HEALTH SYSTEMS	SPLAR	32,000-	38,430-
TALBOT COUNTY HEALTH DEAT.	SALARY	3802.	9.880,
PLANNED PARENTHOOD OF Mb.	SALARY	3930-	5.780.
JUHN J. LAFERLA MD. PA.	SPOUSE SALARY	20. 528	30.050
T ROWE PRICE RETIREMENT ACCOUNT	DISTRIBUTION	4917~	100,000
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	TERLESTA LAFERLA	FIDELITY- RETIREMENT	CLHS - RETIREMENT	ING - MONEY WARRET	T. ROWE PRICE - SMICAP FUND	TIAA	l	Examples:		so che soul soul ption ption refer refer	and during the tand	not p	propo	provi	use Lon	me w d of ble a	Asset and/or Income Source	
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For additional assets and unearned income, use next page		 				-	L	_	<u> </u>	None		>	*This column is for assets solely he by your spouse or dependent child.	it generate be "None."	lf a ing	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.		
nea			 _ _ _ _ _ _ _ _ _	*		+	┞-	=	_	\$1 - \$1,000		8	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.		
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SCHEDULE III — LIABILITIES

Name JOHN JAMES LA FERLA

Page 4 of 4

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

				رز			SP, DC, JT						
				LAFERLA LLC - PERSONALLY CIABLE 2008	PNC BANK FOR	Example: First Bank of Wilmington, DE	Creditor	Creditor					
				2008		May 1998	Liability Incurred mo/year	•					
				MORTGAGE FOR BUSINESS	CENTREVILLE MARYLAND	Mortgage on 123 Main Street, Dover, DE	Type of Liability						
							\$10,001— \$15,000						
							\$15,001— \$50,000						
							\$50,001— \$100,000						
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ŀ]	l	1	1			Liability over 天 \$1,000,000						

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization):

and positions solely of an nonlocary nature.	diue.
Position	Name of Organization
TRUSTEE	MARYLAND STATE MEDICAL SOCIETY
Board Wedner	FOR ALL SERSONS (NON-PROFIT AGENCY)