

11/30/09 Received



City of Annapolis
Office of the City Clerk
145 German Street, 3rd Fl
Annapolis, MD 21401-2535

EBKoleoso@annapolis.gov • 410-263-7942 • Fax 410-280-1853 • TDD 410-263-7943 • www.annapolis.gov

Campaign Fund Report

Summary of Receipts and Disbursements

Annapolis Republican Central Comm. Here
Name of candidate or committee as filed with the election office Office Ward

Bank information	Bank name	Account number
1. Checking	<u>PNC</u>	<u>5565036425</u>
2. Other	_____	_____

Transaction period from: 10-28, 09 to 12-1, 09
Due no later than 4:30PM on the last day of each transaction period. (See Candidate Packet Memo for dates)

Final Surplus funds distributed to (4,44,040):

Summary of Receipts and Disbursements

1. Cash balance - beginning of transaction period	\$	<u>606.67</u>	
2. Receipts from Schedule 1, column 4		<u>50.00</u>	
3. Proceeds from Schedule 2, column 4		_____	
4. Total cash available (Add lines 1, 2 and 3)	\$	<u>656.67</u>	0.00
5. Disbursements from Schedule 3:			
Column 3	\$	_____	
Column 4		_____	
Column 5		_____	
6. Total disbursements	\$	_____	
7. Cash balance - end of transaction period (Subtract line 6 from line 4)	\$	<u>656.67</u>	
8. Total outstanding obligations from Schedule 4	\$	_____	
9. In-kind contributions from Schedule 5, column 4	\$	_____	0.00

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. (If report of candidate, candidate and treasurer must sign report; if committee, treasurer and chairman must sign report.)

Candidate	_____	Date	_____
Treasurer	<u>[Signature]</u>	Date	<u>12-1-09</u>
Chairman of Committee or Slate	<u>[Signature]</u>	Date	<u>12-1-09</u>



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Name of candidate or committee Ann. Regub. Cent. Comm

Report period - transactions from _____, _____ to _____, _____

Schedule 1 - Contributions and Receipts

(Excluding Transfers, Loans and In-kind Contributions)

Date received	Complete name and residence address of Payer	Description of receipt. See instructions for code.				Amount	
		Code *	Ticket price	Cash			
M-G	Mark G. Reyer 119 Legion Ave, Annapolis 21401			Check #	663	50.00	
		* T, enter price per ticket		Rcpt #			
		Aggregate amount received from Payer to date					0.00
		Code *	Ticket price	Cash			
		Check #					
		* T, enter price per ticket		Rcpt #			
Aggregate amount received from Payer to date				0.00			
		Code *	Ticket price	Cash			
				Check #			
		* T, enter price per ticket		Rcpt #			
Aggregate amount received from Payer to date				0.00			
		Code *	Ticket price	Cash			
				Check #			
		* T, enter price per ticket		Rcpt #			
Aggregate amount received from Payer to date				0.00			
		Code *	Ticket price	Cash			
				Check #			
		* T, enter price per ticket		Rcpt #			
Aggregate amount received from Payer to date				0.00			
		Code *	Ticket price	Cash			
				Check #			
		* T, enter price per ticket		Rcpt #			
Aggregate amount received from Payer to date				0.00			

Total this page \$ 50.00