



City of Annapolis
 Office of the City Clerk
 160 Duke of Gloucester Street
 Annapolis, MD 21401-2535

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Campaign Fund Report
Summary of Receipts and Disbursements

ANNAPOLIS DEMOCRATIC CENTRAL COMMITTEE

Name of candidate or committee as filed with the election office _____ Office _____ Ward _____

Bank information

	<u>Bank name</u>	<u>Account number</u>
1. Checking	<u>BB+T</u>	<u>515 388 9815</u>
2. Other	_____	_____

Transaction period from: 10/28/13 to 11/05/13
 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>4,212.82</u> |
| 2. Receipts from Schedule 1, column 4 | <u>500.00</u> |
| 3. Proceeds from Schedule 2, column 4 | |
| 4. Total cash available (Add lines 1, 2 and 3) | \$ <u>4,712.82</u> |
| 5. Disbursements from Schedule 3: | |
| Column 3 \$ _____ | |
| Column 4 _____ | |
| Column 5 _____ | |
| 6. Total disbursements | \$ <u>2,535.70</u> |
| 7. Cash balance - end of transaction period (Subtract line 6 from line 4) | <u>2,177.12</u> |
| 8. Total outstanding obligations from Schedule 4 | \$ _____ |
| 9. In-kind contributions from Schedule 5, column 4 | \$ _____ |

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.)

CHAIR		
Candidate	<u>Kathy Huggin</u>	Date <u>12/2/13</u>
Treasurer	<u>[Signature]</u>	Date <u>12/2/13</u>
Chairman of Committee or Slate	_____	Date _____



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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	Check #	
11/4/13	FRIENDS OF JOHN SARIBANES P.O. BOX 6854 TOWSON, MD 21285					
		C			6013	500.00
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				

Total this page \$ 500.00



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Schedule 2 - Loans and Transfers

Date received	Complete name and residence address of Payer	Description of loan or transfer	Amount
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
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		Aggregate amount of loan or transfer \$	

Total this page \$ 0



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Schedule 3 - Disbursements

1 Date	2 Payee and address	3 Salaries and all payments other than loan payments		4 Loan payments		5 Transfers to other funds (candidate or committee name required)	Amount
		Code	Amount	Method	Amount		
11/2/13	CECILE PARRÉ COMMUNITY TRUST 226 BENESSÉE ST ANNAPOLIS, MD 21401	PL	2,500.00	Check # 1257 Cash			
10/31/13	BBWT BANK 416 SIXTH ST. ANNAPOLIS, MD 21403	OK	35.70	Check # Cash Rcpt #			
	* SERVICE CHARGE			Check # Cash Rcpt #			
				Check # Cash Rcpt #			
				Check # Cash Rcpt #			
				Check # Cash Rcpt #			
				Check # Cash Rcpt #			

Totals this page \$ _____



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Debts as of 10/28/13 - 10/05/13

Schedule 4 - Outstanding Obligations as of End of Report Period

1	2	3	4
Name and address	Description of debt (Loans, unpaid bills, etc.)	Date debt incurred	Amount

Total this page \$ 0



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Schedule 5 - In-kind Contributions

1	2	3	4
Date	Name and address of contributor	Description of In-kind Contribution	Fair Market Value (during this report period)

Total this page 0