



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

**RECEIVED**  
 OCT 29 2013  
 BY: \_\_\_\_\_

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**Campaign Fund Report**  
**Summary of Receipts and Disbursements**

Annapolis's Republican Central Committee  
 Name of candidate or committee as filed with the election office

Office \_\_\_\_\_ Ward \_\_\_\_\_

**Bank information**

Bank name

Account number

1. Checking PNC 5565036425  
 2. Other \_\_\_\_\_  
 \_\_\_\_\_

Transaction period from: 10-7-13 to 10-27-13

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>1208.98</u>
2. Receipts from Schedule 1, column 4	<u>125.00</u>
3. Proceeds from Schedule 2, column 4	_____
4. Total cash available (Add lines 1, 2 and 3)	\$ <u>1333.98</u>
5. Disbursements from Schedule 3:	
Column 3 \$ <u>30.00</u>	
Column 4 _____	
Column 5 _____	
6. Total disbursements	\$ <u>30.00</u>
7. Cash balance - end of transaction period (Subtract line 6 from line 4)	<u>1303.98</u>
8. Total outstanding obligations from Schedule 4	\$ <u>—</u>
9. In-kind contributions from Schedule 5, column 4	\$ <u>—</u>

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 [Signature] Date 10-27-13  
 Chairman of Committee or Slate [Signature] Date 10-27-13

Code	Description
S	Salaries and payroll taxes
C	Compensation for personal services
CO	Contributions to candidates or committees
FE	Field expenses - gas, meals, etc.
B	Broadcasting
PL	Publicity - literature, advertising, bill boards, etc.
R	Rent
OS	Office supplies and expenses
P	Postage
F	Fund-raising expenses
O	Other - items not covered above. If this code is used, a description is required.

- 4 Loan payments. Record in this column all payments of loans.
- 5 Transfers to other funds. Record in this column all funds which are being transferred to another fund. Name and address of treasurer is required in column 3; name of fund or committee and amount in column 5.
- Total this page. Record totals at bottom of columns 3, 4 and 5 respectively.

Schedule 4 Outstanding obligations as of end of report period

All debts, including loans, which are unpaid as of the date of this report must be recorded on Schedule 3.

- Insert name of Fund or Committee.
- Indicate time period transactions cover.
  - o Columns
    - 1 Name and address. Record complete name and principal address of person or firm to whom debt or loan is owed.
    - 2 Description of debt. State purpose of debt, or if loan so state.
    - 3 Date debt incurred. Indicate date debt was incurred.
    - 4 Amount. Total amount due.
- Total column 4 at bottom of page.

Schedule 5 In-kind contributions

- Name of candidate or committee as registered with election office.
- Indicate time period transactions cover.
- Columns
  - 1 Date in-kind contribution received
  - 2 Name and address of contributor. List full name and residence address of contributor.
  - 3 Description of in-kind contributions. List the nature of any gift or service, i.e., use of office space, automobiles, aircraft, boats, mobile units or any valuable thing or service made available for use by the candidate, committee or representative of any political party to be used in promoting or aiding the success or defeat of any candidate, political party, principal or proposition submitted to a vote at any election.
  - 4 Fair market value. List the approximate fair market value of this gift or service.



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Name of candidate or committee ARCC  
 Report period - transactions from 10-7-13 to 10-27-13

**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 #	
10-10	Gaije S. Jones 3 Kelly Ct Ann. 21403					
		C			1375	25.00
		* T, enter price per ticket			Rcpt #	
		Aggregate amount received from Payer to date				
10-10	Senior Repubs of MD 217 Long Point Rd Crownsville 21032					
		C			243	100.00
		* 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				

Total this page \$ 125.00



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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 \$	
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Total this page \$







