



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

**RECEIVED**  
 SEP 10 2013  
 BY: \_\_\_\_\_

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

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

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

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

Transaction period from: 8-21-13 to 9-10-13  
 Due no later than 4:30PM (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>1218.98</u>
2. Receipts from Schedule 1, column 4		<u>50.00</u>
3. Proceeds from Schedule 2, column 4		<u>-</u>
4. Total cash available (Add lines 1, 2 and 3)	\$	<u>1268.98</u>
5. Disbursements from Schedule 3:		
Column 3	\$	<u>30.00</u>
Column 4		<u>-</u>
Column 5		<u>-</u>
6. Total disbursements	\$	<u>1268.98</u>
7. Cash balance - end of transaction period (Subtract line 6 from line 4)		<u>0.00</u>
8. Total outstanding obligations from Schedule 4	\$	<u>1238.98</u>
9. In-kind contributions from Schedule 5, column 4	\$	<u>0.00</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	<u>[Signature]</u>	Date	<u>9-10-13</u>
Chairman of Committee or Slate	<u>[Signature]</u>	Date	<u>9-10-13</u>



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Name of candidate or committee ARLL  
 Report period - transactions from 8-20-13 to 9-10-13

**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 #	
8-21-13	Mike Postelides 1609 Virginia Ave Ann., MD 21401				314	50.00
		* T, enter price per ticket				
		Aggregate amount received from Payer to date				
		* T, enter price per ticket				
		Aggregate amount received from Payer to date				
		* T, enter price per ticket				
		Aggregate amount received from Payer to date				
		* T, enter price per ticket				
		Aggregate amount received from Payer to date				
		* T, enter price per ticket				
		Aggregate amount received from Payer to date				
		* T, enter price per ticket				
		Aggregate amount received from Payer to date				

Total this page \$ 50.00



