



City of Annapolis
 Board of Supervisors of Elections
 160 Duke of Gloucester Street
 Annapolis, MD 21401-2517

CITY OF ANNAPOLIS
 BOARD OF SUPERVISORS
 OF ELECTIONS

2021 SEP 14 AM 11:49

Elections@annapolis.gov • 410-263-7929 • Fax 410-280-1853 • TDD use MD Relay or 711 • www.annapolis.gov

Campaign Fund Report
Summary of Receipts and Disbursements

Annapolis Republican Central Committee (ARCC) N/A
 Name of candidate, fund or committee as filed with the election office Office Ward

| Bank information | Bank name | Account number |
|------------------|------------|--------------------------------------|
| 1. Checking | <u>PNC</u> | <u>On file with Elections Office</u> |
| 2. Other | <u></u> | <u>On file with Elections Office</u> |
| | <u></u> | <u>On file with Elections Office</u> |

Transaction period from: August 23, 2021 to September 12, 2021

Due no later than 4:30PM on the dates specified in the Candidate Handbook

Final Report (Check if you intend to close the account.) Surplus funds distributed to (4,44,040):

Amended Report (Check if this is a filing of an amended report for the above transaction period.)

Summary of Receipts and Disbursements

| | | |
|---|----|-----------------|
| 1. Cash balance - beginning of transaction period | \$ | <u>1,864.51</u> |
| 2. Receipts from Schedule 1, column 4 | | <u></u> |
| 3. Proceeds from Schedule 2, column 4 | | <u></u> |
| 4. Total cash available (Add lines 1, 2 and 3) | \$ | <u>1864.51</u> |
| 5. Disbursements from Schedule 3: | | |
| Column 4 | \$ | <u>140.00</u> |
| Column 5 | | <u></u> |
| Column 6 | | <u></u> |
| 6. Total disbursements | \$ | <u>140.00</u> |
| 7. Cash balance - end of transaction period (Subtract line 6 from line 4) | | <u>1724.51</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 chair must sign report.)

Candidate Date

Treasurer Stacey Ho Date 9/12/21

Acting Chair of Committee or Slate Michael Dugg Date 9/12/21



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Name of candidate, fund or committee ARCC
 Report period - transactions from 8/23/21 to 9/12/21

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 # | |
| 8/23/21 | MIA | | | | | |
| | | | | | | |
| | | * T, enter price per ticket | | EFT | | |
| | | "Other" Description: | | | | Rcpt # |
| AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | * T, enter price per ticket | | EFT | | |
| | | "Other" Description: | | | | Rcpt # |
| AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | * T, enter price per ticket | | EFT | | |
| | | "Other" Description: | | | | Rcpt # |
| AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | * T, enter price per ticket | | EFT | | |
| | | "Other" Description: | | | | Rcpt # |
| AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | * T, enter price per ticket | | EFT | | |
| | | "Other" Description: | | | | Rcpt # |
| AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$ | | | | | | |

Total this page \$ 0.00

**Note – In order to receive contributions from a Political Action Committee (PAC), the PAC must be registered as certified/qualified and active with the Maryland State Board of Elections. If a PAC directly or indirectly, expends \$51.00 or more to aid or oppose the nomination or election of a candidate, the PAC shall report a statement of contributions and expenditures to the candidate's treasurer and said statement shall be included in this report. This provision applies to any PAC located outside of the City with respect to any expenditures of funds within the City.



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Schedule 2 - Loans and Transfers

| Date received | Complete name and residence address of lender or transferor | Description of loan or transfer | Amount |
|---------------|---|---|---|
| | (50) N/A | Aggregate amount of loan or transfer \$ | |
| | | Loan Consent Form filed herewith | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| | | Aggregate amount of loan or transfer \$ | |
| | | Loan Consent Form filed herewith | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| | | Aggregate amount of loan or transfer \$ | |
| | | Loan Consent Form filed herewith | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| | | Aggregate amount of loan or transfer \$ | |
| | | Loan Consent Form filed herewith | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| | | Aggregate amount of loan or transfer \$ | |
| | | Loan Consent Form filed herewith | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| | | Aggregate amount of loan or transfer \$ | |
| | | Loan Consent Form filed herewith | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| | | Aggregate amount of loan or transfer \$ | |
| | | Loan Consent Form filed herewith | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| | | Aggregate amount of loan or transfer \$ | |
| | | Loan Consent Form filed herewith | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |

Total this page \$ 0.00

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Name of candidate, fund or committee ARCC _____ to 9/12/21
 Report period - transactions from 8/23/21 _____

Schedule 3 - Disbursements

| 1 Date | 2 Payee and Address | 3 Payment Method | | | 4 All payments other than loan payments and transfers to other funds | | 5 Loan Payments Amount | 6 Transfers to other funds (candidate or committee name required) | | |
|-----------|---|----------------------|------|-----|---|----------|---------------------------|--|--------|--|
| | | Check # | Cash | EFT | Code | Amount | | Name | Amount | |
| 8/23/21 | Jennifer Johnson 3005 Marlin Drive Riva, MD 21140 | 1653 | | | C | \$140.00 | | | | |
| | | "Other" Description: | | | | | | | | |
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Totals this page \$

\$140.00



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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 |
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