



**City of Annapolis**  
 Office of the City Clerk  
 145 Gorman Street, 3<sup>rd</sup> 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**

James M. Conley Alderman 5  
 Name of candidate or committee as filed with the election office Office Ward

**Bank information**

	Bank name	Account number
1. Checking	<u>None</u>	<u>—</u>
2. Other		

Transaction period from: 6/1, 2009 to 8/18, 2009  
 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>0</u>	
2. Receipts from Schedule 1, column 4		<u>0</u>	
3. Proceeds from Schedule 2, column 4		<u>0</u>	
4. Total cash available (Add lines 1, 2 and 3)	\$	<u>0</u>	0.00
5. Disbursements from Schedule 3:			
Column 3	\$	<u>0</u>	
Column 4		<u>0</u>	
Column 5		<u>0</u>	
6. Total disbursements	\$	<u>0</u>	
7. Cash balance - end of transaction period (Subtract line 6 from line 4)	\$	<u>0</u>	
8. Total outstanding obligations from Schedule 4	\$	<u>0</u>	
9. In-kind contributions from Schedule 5, column 4	\$	<u>0</u>	<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: James M. Conley Date: 8/18/09  
 Treasurer: Nicholas Conley Date: 8/18/09  
 Chairman of Committee or Slate: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED  
 AUG 18 2009

Cynthia Hawkes



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Name of candidate or committee James M. Guly  
 Report period - transactions from 9/1, 2009 to 12/18, 2009

**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 #		
	None					0	
			* 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 \$ 0





