

Received 10/28/09 @ 3:00



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

#### Annapolitans for A Better Community

Name of candidate or committee as filed with the election office		Office	Ward
<b>Bank information</b>	<u>Bank name</u>	<u>Account number</u>	
1. Checking	<u>PNC</u>	<u>55-5611-7143</u>	
2. Other			

Transaction period from: 10/07, 2009 to 10/27, 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>412.94</u>
2. Receipts from Schedule 1, column 4		<u>0.00</u>
3. Proceeds from Schedule 2, column 4		<u>0.00</u>
4. Total cash available (Add lines 1, 2 and 3)	\$	<u>412.94</u>
5. Disbursements from Schedule 3:		
Column 3	\$	<u>0.00</u>
Column 4		<u>0.00</u>
Column 5		<u>0.00</u>
6. Total disbursements	\$	<u>0.00</u>
7. Cash balance - end of transaction period (Subtract line 6 from line 4)	\$	<u>412.94</u>
8. Total outstanding obligations from Schedule 4	\$	<u>3,923.61</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.)

Chairman

~~Candidate~~

\_\_\_\_\_  
Date \_\_\_\_\_

Treasurer

Doug Smith  
Date 10/27/09

Chairman of Committee or Slate

William J. Kardas  
Date 10/27/09

WILLIAM J. KARDAS



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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 #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				0.00
				Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				0.00
				Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				0.00
				Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				0.00
				Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				

Total this page \$     0.00



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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 \$     0.00



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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)	
		Code	Amount	Method		Amount	Method		Amount		
				Check #			Check #				
				Cash			Cash				
				Rcpt #			Rcpt #				
				Check #			Check #				
				Cash			Cash				
				Rcpt #			Rcpt #				
				Check #			Check #				
				Cash			Cash				
				Rcpt #			Rcpt #				
				Check #			Check #				
				Cash			Cash				
				Rcpt #			Rcpt #				
				Check #			Check #				
				Cash			Cash				
				Rcpt #			Rcpt #				

Totals this page \$ 0.00 0.00 0.00



