



City of Annapolis
 Office of the City Clerk
 160 Duke of Gloucester Street
 Annapolis, MD 21401-2517

RECEIVED
 NOV 20 2017
 BY: *[Signature]*

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

Friends of Larry Claussen _____ Alderman _____ 1
 Name of candidate or committee as filed with the election office Office Ward

| Bank information | Bank name | Account number |
|------------------|--------------------|----------------|
| 1. Checking | Severn Saving Bank | |
| 2. Other | _____ | _____ |

Transaction period from: October 30, 2017 to November 7, 2017

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 | \$ | 5,020.03 |
| 2. Receipts from Schedule 1, column 4 | | 0.00 |
| 3. Proceeds from Schedule 2, column 4 | | 0.00 |
| 4. Total cash available (Add lines 1, 2 and 3) | \$ | 5,020.03 |
| 5. Disbursements from Schedule 3: | | |
| Column 3 | \$ | 2,486.10 |
| Column 4 | | |
| Column 5 | | |
| 6. Total disbursements | \$ | 2,486.10 |
| 7. Cash balance - end of transaction period (Subtract line 6 from line 4) | | 2,533.93 |
| 8. Total outstanding obligations from Schedule 4 | \$ | 500.00 |
| 9. In-kind contributions from Schedule 5, column 4 | \$ | 279.00 |

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 Larry Claussen *[Signature]* Date 11/20/2017

Treasurer Carl Larkin *[Signature]* Date 11/20/2017

Chairman of Committee or Slate _____ Date _____



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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 | | | | |
| | | | | Check # | | |
| | | * T, enter price per ticket | Rcpt # | | | |
| | | Aggregate amount received from Payer to date | | | | |
| | | | | Check # | | |
| | | * T, enter price per ticket | Rcpt # | | | |
| | | Aggregate amount received from Payer to date | | | | |
| | | | | Check # | | |
| | | * T, enter price per ticket | Rcpt # | | | |
| | | Aggregate amount received from Payer to date | | | | |
| | | | | 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 \$ | | |
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Schedule 3 - Disbursements

| 1 | 2 | 3 | | | 4 | | | 5 | | |
|---------------------|--|------|----------|---------|------|--------|---------|---|---|--------|
| Date | Payee and address | Code | Amount | Method | | Amount | Method | | Transfers to other funds (candidate or committee name required) | Amount |
| | | | | Check # | | | Check # | | | |
| 10/30/17 | Anedot PO Box 84314 Baton Rouge, LA | F | 8.60 | Check # | | | Check # | | | |
| | | | | Cash | Cash | | Cash | | | |
| | | | | Rcpt # | | | Rcpt # | | | |
| 11/1/17 | Post Haste Mailing 90 Russel St., 100 Annapolis, MD | PL | 2,250.00 | Check # | 1013 | | Check # | | | |
| | | | | Cash | | | Cash | | | |
| | | | | Rcpt # | | | Rcpt # | | | |
| 11/1/17 | No Other name Studios 7817 Highpoint Rd Parkville, MD | PL | 17.50 | Check # | 1014 | | Check # | | | |
| | | | | Cash | | | Cash | | | |
| | | | | Rcpt # | | | Rcpt # | | | |
| 11/8/17 | No Other name Studios 7817 Highpoint Rd Parkville, MD | PL | 210.00 | Check # | 1016 | | Check # | | | |
| | | | | Cash | | | Cash | | | |
| | | | | Rcpt # | | | Rcpt # | | | |
| | | | | Check # | | | Check # | | | |
| | | | | Cash | | | Cash | | | |
| | | | | Rcpt # | | | Rcpt # | | | |
| Totals this page \$ | | | 2,486.10 | | | 0.00 | | | 0.00 | |

