



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

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 AUG 22 2017
 BY: JWE

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Campaign Fund Report
Summary of Receipts and Disbursements

Pfeiffer for Annapolis Office At-Large Ward 7
 Name of candidate or committee as filed with the election office

Bank information

	<u>Bank name</u>	<u>Account number</u>
1. Checking	<u>TD Bank</u>	<u>[REDACTED]</u>
2. Other	_____	_____

Transaction period from: June 27, 2016 to August 20, 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	\$	<u>2,697.⁷⁷</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>2,697.⁷⁷ 0.00</u>
5. Disbursements from Schedule 3:		
Column 3	\$	<u>1,155.⁶³</u>
Column 4		<u>- 0 -</u>
Column 5		<u>- 0 -</u>
6. Total disbursements	\$	<u>1,155.⁶³ 0.00</u>
7. Cash balance - end of transaction period (Subtract line 6 from line 4)		<u>1,542.¹⁴</u>
8. Total outstanding obligations from Schedule 4	\$	_____
9. In-kind contributions from Schedule 5, column 4	\$	_____

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 [Signature] Date 8/22/17
 Treasurer [Signature] Date 8/22/17
 Chairman of Committee or Slate _____ Date _____



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Name of candidate or committee Pfeiffer for Annapolis
 Report period - transactions from 6/27/16 to 8/20/17

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

Total this page \$ -0-



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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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Schedule 3 - Disbursements

1	2		3			4			5	
Date	Payee and address	Code	Amount	Salaries and all payments other than loan payments		Loan payments		Transfers to other funds (candidate or committee name required)	Amount	
				Method	Amount	Method				
8/19/16	Van Hoken for Senate 10605 Concord St Kensington, MD 20895	CO	200. ⁰⁰	Check #	CHECK CARD					
				Cash						
				Rcpt #						
9/15/16	Go Daddy, Inc 14455 N. Hayden Phoenix, AZ	PL	99. ⁰⁰	Check #	CHECK CARD					
				Cash						
				Rcpt #						
2/2/17	Jan Pfeiffer 41 Windward Annapolis, MD 21407	PL	832. ⁶³	Check #	1027					
				Cash						
				Rcpt #						
8/1/17	TD Bank 2 Lee Airport Edgewater, MD 21037	OS	24. ⁰⁰	Check #						
				Cash	BANK FEES					
				Rcpt #						
				Check #						
				Cash						
				Rcpt #						

Totals this page \$ 1155.63 ~~0.00~~ 0.00 0.00



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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

Total this page \$ 0.00



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Schedule 5 - In-kind Contributions

1	2	3	4
Date	Name and address of contributor	Description of In-kind Contribution	Fair Market Value (during this report period)

Total this page \$ 0.00