



**City of Hyattsville, Maryland  
2021 - CANDIDATE CAMPAIGN FINANCE REPORT**

**CANDIDATE NAME:** Kevin Ward

**TREASURER NAME:** N/A

**OFFICE SOUGHT:** Mayor

**REPORTING PERIOD:** *Start with day following end of last report; end one (1) day before due date. Enter Date as MM/DD/YYYY*

<b>FROM:</b>		<b>THROUGH:</b>	<b>04/19/2021</b>
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**REPORT TYPE:** *All reports must be filed by 1:00 p.m. of the day they are due.*

<input checked="" type="checkbox"/> <b>Initial Report</b> 21st Day before Election	<input type="checkbox"/> <b>Second Report</b> 7th Day before Election	<input type="checkbox"/> <b>Annual Report</b> (1 <sup>st</sup> Tuesday in September)
<input type="checkbox"/> <b>Amended Report</b> (Explain Correction Below)	<input type="checkbox"/> <b>Contribution Threshold</b> Certification	<input type="checkbox"/> <b>Disposition of Funds Report</b>

**SUMMARY OF REPORT**

1.	Beginning Cash Balance	\$
2.	Contributions Received (Schedule A + B)	\$18,000
3.	Initial Loan Balance (including loans to self) (Schedule C) <i>If this is a Disposition of Funds Report, balance must be zero.</i>	0
4.	Expenditures, Loan Payments, and Returned Contributions (Schedule D + E)	\$12,392.33
5.	Ending Cash Balance (Sum of boxes 1, 2, 3, Minus Box 4) <i>If this is a Disposition of Funds Report, ending balance must be zero.</i>	\$5,607.67

**CANDIDATE CERTIFICATION**

I hereby swear or affirm, under penalty of perjury, that the report filed herewith is, to the best of my knowledge, a complete and full disclosure of all contributions and expenditures. I understand that the submission of false, erroneous, or incomplete information may be subject to penalties in accordance with the Hyattsville City Code.

**Kevin Ward** Digitally signed by Kevin Ward  
Date: 2021.04.20 11:40:55 -04'00' 04.20 21

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_ Signature of Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**ETHICS COMMISSION CERTIFICATION**

Date/Time Report Received: _____	Staff: _____
Ethics Commission Signature: _____	Date: _____
Print Commissioner Name: _____	









