



City of Hyattsville, Maryland
2022 - CANDIDATE CAMPAIGN FINANCE REPORT

CANDIDATE NAME: _____

TREASURER NAME: _____

OFFICE SOUGHT: _____

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

FROM:	_____	THROUGH:	_____
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REPORT TYPE: *All reports **must** be filed by 1:00 p.m. of the day they are due.*

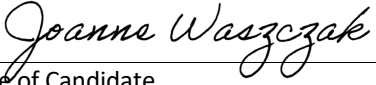
<input type="checkbox"/> Initial Report 21st Day before Election	<input type="checkbox"/> Second Report 7th Day before Election	<input type="checkbox"/> Annual Report (1 st Tuesday in September)
<input checked="" type="checkbox"/> Amended Report (Explain Correction Below)	<input type="checkbox"/> Contribution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

SUMMARY OF REPORT

1.	Beginning Cash Balance	\$
2.	Contributions Received (Schedule A + B)	\$
3.	Initial Loan Balance (including loans to self) (Schedule C) <i>If this is a Disposition of Funds Report, balance must be zero.</i>	\$
4.	Expenditures, Loan Payments, and Returned Contributions (Schedule D + E)	\$
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>	\$


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.



 Signature of Candidate

 Date



 Signature of Treasurer

 Date

ETHICS COMMISSION CERTIFICATION

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

