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

<table>
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<th>FROM</th>
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REPORT TYPE: All reports must be filed by 1:00 p.m. of the day they are due.

☐ Initial Report
21st Day before Election (April 16, 2019)

☐ Second Report
7th Day before Election (April 30, 2019)

☐ Annual Report
(September 3, 2019)

☐ Amended Report
(Explain Correction Below)

☐ Contribution Threshold Certification

☐ Disposition of Funds Report

SUMMARY OF REPORT

1. Beginning Cash Balance

   $ 

2. Contributions Received
   (Schedule A + B)

   $ 

3. Expenditures Made
   (Schedule C + D)

   $ 

4. Ending Cash Balance
   If this is a Disposition of Funds Report, ending balance must be zero.

   $ 

5. Outstanding Loan Totals
   (Schedule E) If this is a Disposition of Funds Report, balance must be zero.

   $ 

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: _______________________________