



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

CANDIDATE NAME: Sam Denes

TREASURER NAME: Sarah Denes

OFFICE SOUGHT: Ward 1 City Council

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

FROM:	<u>02/18/2021</u>	THROUGH:	<u>04/19/2021</u>
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REPORT TYPE: *All reports **must** be filed by 1:00 p.m. of the day they are due.*

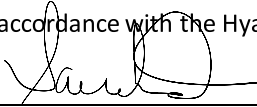
<input type="checkbox"/> Initial Report 21st Day before Election	<input type="checkbox"/> Second Report 7th Day before Election	<input type="checkbox"/> Annual Report (1 st Tuesday in September)
<input checked="" type="checkbox"/> Amended Report (Explain Correction Below)	<input type="checkbox"/> Contribution Threshold Certification	<input type="checkbox"/> Disposition of Funds Report
<u>Added Tshirts to schedule B, in kind contributions</u>		

SUMMARY OF REPORT

1.	Beginning Cash Balance	\$ 0
2.	Contributions Received (Schedule A + B)	\$ 280
3.	Initial Loan Balance (including loans to self) (Schedule C) <i>If this is a Disposition of Funds Report, balance must be zero.</i>	\$ 700
4.	Expenditures, Loan Payments, and Returned Contributions (Schedule D + E)	\$ 768.48
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>	\$ 211.52

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.

SAMUEL DENES <small>Digitally signed by SAMUEL DENES Date: 2021.04.20 20:40:20 -04'00'</small>	<u>04/20</u>		<u>4/21/2021</u>
Signature of Candidate	Date	Signature of Treasurer	Date

ETHICS COMMISSION CERTIFICATION

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

