



**City of Hyattsville, Maryland**  
**2021 - 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*

<b>FROM:</b>		<b>THROUGH:</b>	
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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 <sup>st</sup> Tuesday in September)
<input type="checkbox"/> Amended Report (Explain Correction Below)	<input type="checkbox"/> Contribution Threshold Certification	<input type="checkbox"/> Disposition of Funds Report

**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
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**ETHICS COMMISSION CERTIFICATION**

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