



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

CANDIDATE NAME: Emily Strab
TREASURER NAME: Will Seath
OFFICE SOUGHT: Ward 2 Councilmember

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

FROM:	09/03/2020	THROUGH:	09/06/2021
--------------	-------------------	-----------------	-------------------

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

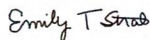
<input type="checkbox"/> Initial Report 21st Day before Election	<input type="checkbox"/> Second Report 7th Day before Election	<input checked="" type="checkbox"/> Annual Report (1 st Tuesday in September)
<input type="checkbox"/> Amended Report (Explain Correction Below)	<input type="checkbox"/> Contribution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

SUMMARY OF REPORT


1.	Beginning Cash Balance	\$ 363.53
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>	\$ 363.53

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.

 Digitally signed by Emily Strab
 Date: 2021.09.06 15:30:48 -04'00' 09/06/2021

Signature of Candidate _____ Date _____

 9/6/2021

Signature of Treasurer _____ Date _____

ETHICS COMMISSION CERTIFICATION

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