

Maryland State Board of Elections - Campaign Fund Report Summary Sheet

Forms May Be Duplicated As Needed

A. Name of Account (as filed with Election Office) James W. Hagy		B. Account Number (Assigned by election office) A2349	
C. Elective Office Sheriff	D. District Represented County Wide	E. Bank Account Information	
		Bank Name BB&T	Bank Account Number 5153155668
		E1. Checking Account	
		E2. Other Accounts if Any	

F. Reporting Due Dates and Transaction Periods. Report Due Date: <u>8/30/02</u> Beginning Transaction Date: <u>8/7/02</u> Ending Transaction Date: <u>8/25/02</u> (please refer to your Pre Report Notice for the correct dates)		G. Final Report - Check if report is "final" and account is to be terminated. Cannot be final if a cash balance or outstanding debt remains. H. Amendment - This report amends the report Filed on: _____ (Original Report due date)
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Important: To avoid filing amendments it is essential that you read the detailed instructions relating to all entries on the reverse side of each form, check your math on each schedule and place entries in proper columns.	Column A - TOTALS Current Period Enter Total Figures from Attached Schedules	Column B - TOTALS Prior Period Enter Figures from Column C of Previous Report	Column C - TOTALS to Date Add Columns A and B across to complete this Column
I. ITEMIZED TRANSACTIONS			
J. Contributions, Transfers in and other Income - Schedule 1, 1A, and 1B			
J1. Cash Balance from Line LL of 2/1/99 Rpt (Enter in Col B and C) - Continuing Committees Only			
K. Contributions - Schedule 1, Column 4		2308.00	2308.00
L. Ticket Purchases - Schedule 1, Column 5		3050.00	3050.00
M. Federal Committees - Schedule 1, Column 6			
N. Political Clubs - Schedule 1, Column 7			
O. Transfers In - Md. Candidate and Slate Accounts - Schedule 1A, Column 10			
P. Transfers In - Md. Pol. Party Central Committee Accounts - Schedule 1A, Column 11			
Q. Transfers In - PAC Accounts - Schedule 1A, Column 12			
R. Loans Received - Schedule 1B, Column 15			
S. Other - Schedule 1B, Column 16			
T. Total Money Receipts (Col. A Lines K through S) (Col. B & C Lines J1 through S)		5358.00	5358.00
U. Value of In-Kind Contributions Received - Schedule 1B, Column 17		1619.16	1619.16
V. Total Receipts - (Col. A Lines T + U) (Col. C. Lines T + U)		6977.16	6977.16
W. Expenditures - Schedule 2			
X. Salaries and Other Compensation - Column 22			
Y. Rent and Other Office Expenses - Column 23			
Z. Field Expenses - Column 24			
AA. Media - Column 25		396.00	396.00
BB. Printing and Campaign Materials - Column 26		254.92	254.92
CC. Direct Mailing by Mail House - Column 27			
DD. Postage - Column 28		258.53	258.53
EE. Purchase of Equipment - Column 29			
FF. Expenses of your Fundraising Events - Column 30		1040.00	1040.00
GG. Transfers Out to Other Maryland Treasurers - Column 31			
HH. Loan Repayment - Column 32			
II. Other - Column 33			
JJ. In-Kind Contributions Received (enter same figure as line U above)		1619.16	1619.16
KK. Total Expenditures (add lines X through JJ above)		3568.61	3568.61
LL. Cash Balance (Subtract line KK, Column C from line V, Column C)			3408.55
Cash Balance Information			
MM. Cash Balance in Checkbook at the End of the Report Transaction Period.			3408.55
NN. Cash Balance in Interest Bearing Accounts at the End of the Transaction Period.			
Outstanding Obligations - Schedule 3			
OO. Balance of Loans at the End of the Transaction Period. - Column 42			
PP. Outstanding Bills at the End of the Transaction Period. - Column 43			
QQ. Total Obligations Outstanding. (Add lines OO and PP in Column C)			

Under Penalty of Perjury, we declare that we have examined this report, including accompanying schedules, and to the best of our knowledge and belief they are complete and accurate

RR. Signature of Candidate (Not required for Committee or State Reports) _____	James W. Hagy Print name of candidate	8/28/02 date	For Board Use Only
SS. Signature of Treasurer (Required for all reports) _____	Shawn R. Winpigler, Sr. Print name of treasurer	8/28/02 date	
TT. Signature of Chairman (Required for Committee or States Reports only) _____	_____ Printed name of Chairman	_____ date	

All Reports Filed Must Bear Original Signatures.
 Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE.