

Maryland State Board of Elections Campaign Finance Report Summary Sheet

Part 1
 Entity Name: Hine Fern Irene for Orphan's Court Entity # A5882 Report Due Date: 8/15/06
 Transaction Period > This Report covers transactions beginning 7/3/06 and ending 8/8/06
Date Date

- Final Report (Check if you intend to close the account. This cannot be a final report if a cash balance or outstanding obligation remains)
- Amendment # _____ (Date amendment is being filed _____)

Part 2

Bank Account Name	Bank Account Number	Bank Account Balance*
<u>Hines Fern Irene for Orphan's Court</u>	<u>60530049</u>	<u>1000</u>
Total		<u>1000</u>

*As of the report transaction ending date.

Part 3

Receipts

Contributions - Schd 1, Col A	<u>1000</u>
Ticket Purchases - Schd 1, Col B	
Federal Committees - Schd 1, Col C	
Political Clubs - Schd 1, Col D	
MD Candidate and Slate Accounts - Schd 1A, Col E	
MD Party Central Committees - Schd 1A, Col F	
MD Political Action Committees - Schd 1A, Col G	
Non-Federal Out-of-State Committees - Schd 1A, Col H	
Other - Schd 1B, Col I	
Loans - Schd 3, Col K	

Enter Total in Part 4 (Total Receipts)

Expenditures

Salaries & Other Compensation - Schd 2, Col N	
Rent & Other Office Expenses - Schd 2, Col O	
Field Expenses - Schd 2, Col P	
Media - Schd 2, Col Q	
Printing & Campaign Materials - Schd 2, Col R	
Direct Mailing by Mail House - Schd 2, Col S	
Postage - Schd 2, Col T	
Purchase of Equipment - Schd 2, Col U	
Fundraising Expenses - Schd 2, Col V	
Transfers Out - Schd 2, Col W	
Loan Repayment - Schd 2, Col X	
Other - Schd 2, Col Y	
Returned Contribution - Schd 2, Col Z	

Enter Total in Part 4 (Total Expenditures)

Part 4

Prior Balance	<input style="width: 80%;" type="text" value="0"/>	Report calculated cash balance from Part 4 of your prior report
	+	
Total Receipts	<input style="width: 80%;" type="text" value="1000"/>	Total of Part 3 Receipts
	-	
Total Expenditures	<input style="width: 80%;" type="text" value="0"/>	Total of Part 3 Expenditures
	=	
Cash Balance	<input style="width: 80%;" type="text" value="1000"/>	This is your report calculated cash balance. Carry forward this balance to your next report.

Part 5

Value of In-Kind Contributions - Schd 1B, Col J	<u>0</u>
Value of In-Kind Expenditures - Schd 2, Col AA	<u>0</u>

Part 6

Outstanding Loan Balance - Schd 3, Col L	<u>0</u>
Outstanding Bills Due - Schd 3, Col M	<u>0</u>
Total Outstanding Obligations	<u>0</u>

Part 7

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

Fern Hine (Date) 8/15/06
 Signature of Candidate (not required for committee or slate)

(Date)

Signature of Chairman (not required for personal treasurer account)

Nancy Elliott (Date) 8/9/06
 Signature of Treasurer

Warning
 Failure to provide all information required by this form will be regarded as a failure to file.

All Reports must bear original signatures.

60 3 NY 6-307 JOL



SBE-13-03 (Rev. 4/03)

Transmittal Sheet

Maryland State Board of Elections
 Division of Candidacy and Campaign Finance
 P.O. Box 6486 • 151 West Street, Suite 200 • Annapolis, MD 21401-0486
 410-269-2880 • 800-222-8683 • MD Relay 800-735-2258

Campaign Finance Entity Name: Hines Fern Irene For Orphan's Court

Entity # A 5882

Report Due Date: 8/15/2006

Forms Included in this Submission		
✓	1	Schedule 1- Contributions
✓	2	Schedule 1A- Transfers In from Treasurers
✓	3	Schedule 1B- Other Receipts and In-Kind Contributions
-	4	Schedule 2- Expenditures
-	5	Schedule 3- Outstanding Obligations
✓	6	Schedule 4 - Loan Consent Form
-	7	Summary Sheet

60-53117-6-500-2006
 2006-08-11 09:09
 STATE OF MARYLAND

Please place a checkmark by each form being submitted.

Under penalty of perjury, we declare that to the best of our knowledge and belief the contents of the electronically filed data are a complete and accurate statement of our campaign finance activity.

Fern Irene Hines 8/10/06
 Signature of Candidate (Required if the campaign finance entity is a personal treasurer) (Date)

Nancy Elliott 8/9/06
 Signature of Treasurer (Required for All Reports) (Date)

Fern Hines 8/10/06
 Signature of Chairman (Required for Committee or Slate Reports Only) (Date)

Revised 4/23

Schedule 1 - Contributions
(see schedules 1A and 1B for other types of Income)

See instructions on reverse side

Name of Entity Hines Fern Irene For Orphan's Court

Entity Number A5882

Date Received	Received From Name and Address of Contributor.	A D M I N ✓	Paid by		A Contributions other than ticket purchases from Individuals, Corporations, etc.	B Ticket purchases by Individuals, Corporations etc.	C Contributions from Federal Committees (Include ticket purchases)	D Contributions from Political Clubs (include ticket purchases)
			C H E C K ✓	C A S H ✓				
7/3/06	Hines Equitment				✓			
		Aggregate to Date:				Price Per Ticket: \$		
		\$ 1000						
		Aggregate to Date:				Price Per Ticket: \$		
		\$						
		Aggregate to Date:				Price Per Ticket: \$		
		\$						
		Aggregate to Date:				Price Per Ticket: \$		
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		Aggregate to Date:				Price Per Ticket: \$		
		\$						
		Aggregate to Date:				Price Per Ticket: \$		
		\$						
TOTALS THIS PAGE					A	B	C	D

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Schedule 1A – Transfers in
(see Schedules I and IB for other types of Income)

See instructions on reverse side

Name of Entity Hines Fern Irene For Orphan's Court
 Entity Number A5882

Date Received	Name and Address of the Campaign Finance Entity from which the transfer is received.	Aggregate to Date	E	F	G	H
			From MD Candidate Campaign Finance Entities	From MD Party Central Committees	From MD PACs	From Non-Federal Out of State PACs
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
TOTALS THIS PAGE			E	F	G	H

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Schedule 1B
Other Receipts and In-Kind Contributions
(see Schedules 1 and 1A for other types of Income)

See instructions on reverse side

Name of Entity Hines Fern Irene For Orphan's Court
 Entity Number A5882

Date Received	Complete Name and Address of Payor	I	J	A D M I N ✓	Remarks
		Other - Refunds, Rebates, Items sold, interest or misc. income. (Describe in Remarks)	In-Kind Contribution - Fair Market Value of In-Kind Contribution Received. (Describe in Remarks)		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
Totals This Page		I	J		

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Schedule 2 - Expenditures

See instructions on reverse side

Entity Name Hines Fern Irene

Entity # A 5882

Page 1 of 1

Report Due Date 8/15/06

Date	Check No.	Name and Address of Payee (The payee is the person who is the ultimate recipient of campaign funds)	Name and Address of Reimbursee (The reimbursee is the person who received the campaign check as a reimbursement for the expenditure. The reimbursee must be a campaign worker.)	Amount	C O D E	A D M I N ✓	Remarks

2006 SEP 9 AM 9:10
 STATE OF MARYLAND
 COUNTY

Code	N	O	P*	Q	R	S	T	U*	V*	W	X	Y*	Z	AA*
Description	Salaries and other compensation	Rent and other office expenses	Field Expenses	Media	Printing and Campaign Materials	Direct Mailing by Mail House	Postage	Purchase of Equipment	Fundraising Expenses	Transfers Out to Other Maryland Treasurers	Loan Repayment	Other	Returned Contribution	In-kind Expenditure
Totals														

*Describe in remarks (required)

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77

Schedule 3 - Outstanding Obligations
 See instructions on reverse side

Name of Entity Hines Fern Irene For Orphan's Court
 Entity Number A 5882

Loans							Unpaid Bills Other Than Loans		
Name and Address of Creditor	Date Loan Accepted or obligation incurred	K If this is a new loan, state the total amount of the loan.	Written Consent filed herewith (yes or no)	Prime Rate on Day Loan is Accepted	Interest Rate Charged (if less than prime rate, indicate in-kind interest contribution on Schedule IB)	L Balance Due	M Balance Due	Description	
Totals This Page									

01:6 IN 6- JAN 2006

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N/A

Schedule 4 – Loan Consent Form¹

Terms of Loan

Amount of Loan _____

Schedule for Repayment² _____

Interest Charged³ _____ Prime Rate on the Day Loan is Made⁴ _____

Lender Information

Name of Lender _____

Address of Lender _____

Signature of Lender _____

Date

Recipient Information

Name of Campaign Finance Entity _____

Entity Number

Name of Treasurer _____

Signature of Treasurer⁵ _____

Date

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Consent of Candidate

I, _____, hereby acknowledge receipt on _____

Name of Candidate Date

of a loan in the amount of \$ _____ from _____

Name of Lender

to _____

Name of Campaign Finance Entity

A copy of this consent has been supplied to the lender.

Signature of Candidate Date

¹ The loan consent form is not required to be filed if the loan is from the candidate or the candidate's spouse to the candidate's own campaign committee and if interest is not being charged on the loan.

² Loans must be repaid by the end of the next election cycle. If full repayment is not made, the balance due will be considered a contribution, unless the loan is from a financial institution in the business of making loans.

³ If the interest rate charged is less than the prime rate, the difference constitutes an in-kind contribution which must be reported on Schedule 1B of the current report.

⁴ Enter the bank lending prime rate on the day the loan was made. The prime rate can be ascertained by calling your local bank or contacting the State Board of Elections.

⁵ A non-candidate committee must provide the signature of the treasurer to acknowledge receipt of the loan. Candidate committees only need to have the candidate fill out and sign the *Consent of Candidate* box.