

Maryland State Board of Elections Campaign Finance Report Summary Sheet

1776

Part 1
Entity Name: FRIENDS of Tom Henderson Entity # A 5283 Report Due Date: 10-27-06

Transaction Period → This Report covers transactions beginning 8-28-06 and ending 10-22-06.
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>FRIENDS OF TOM HENDERSON</u>	<u>98393 43747</u>	<u>0</u>
Total		<u>0</u>

*As of the report transaction ending date.

Part 3

Receipts

Contributions – Sched 1, Col A	<u>100.00</u>
Ticket Purchases – Sched 1, Col B	
Federal Committees – Sched 1, Col C	
Political Clubs – Sched 1, Col D	
MD Candidate and Slate Accounts – Sched 1A, Col E	
MD Party Central Committees – Sched 1A, Col F	
MD Political Action Committees – Sched 1A, Col G	
Non-Federal Out-of-State Committees – Sched 1A, Col H	
Other – Sched 1B, Col I	
Loans – Sched 3, Col K	

Enter Total in Part 4 (Total Receipts)

Expenditures

Salaries & Other Compensation – Sched 2, Col N	
Rent & Other Office Expenses – Sched 2, Col O	
Field Expenses – Sched 2, Col P	
Media – Sched 2, Col Q	
Printing & Campaign Materials – Sched 2, Col R	
Direct Mailing by Mail House – Sched 2, Col S	
Postage – Sched 2, Col T	
Purchase of Equipment – Sched 2, Col U	
Fundraising Expenses – Sched 2, Col V	
Transfers Out – Sched 2, Col W	
Loan Repayment – Sched 2, Col X	<u>165.75</u>
Other – Sched 2, Col Y	
Returned Contribution – Sched 2, Col Z	

Enter Total in Part 4 (Total Expenditures)

Part 4

Prior Balance	<u>65.75</u>	Report calculated cash balance from Part 4 of your prior report.
	+	
Total Receipts	<u>100.00</u>	Total of Part 3 Receipts
	-	
Total Expenditures	<u>165.75</u>	Total of Part 3 Expenditures
	=	
Cash Balance	<u>0</u>	This is your report calculated cash balance. Carry forward this balance to your next report.

Part 5

Value of In-Kind Contributions – Sched 1B, Col J	
Value of In-Kind Expenditures – Sched 2, Col AA	

Part 6

Outstanding Loan Balance – Sched 3, Col L	
Outstanding Bills Due – Sched 3, Col M	
Total Outstanding Obligations	

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.

Thomas Henderson (Date) 10-30-06
Signature of Candidate (not required for committee or slate)

(Date)
Signature of Chairman (not required for personal treasurer account)

Stacy R. ... (Date) 10/30/06
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.

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

See instructions on reverse side

Name of Entity FRIENDS of TOM HENDERSON
 Entity Number A5283

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 ✓				
9-7-06	EDWARD THOMAS 82A WORMAN'S MILL CT FREDERICK MD 21701		✓		100 ⁰⁰	Price Per Ticket: \$		
						Price Per Ticket: \$		
						Price Per Ticket: \$		
						Price Per Ticket: \$		
						Price Per Ticket: \$		
						Price Per Ticket: \$		
						Price Per Ticket: \$		
						Price Per Ticket: \$		
						Price Per Ticket: \$		
						Price Per Ticket: \$		
TOTALS THIS PAGE					100 ⁰⁰	—	—	—
					A	B	C	D

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

See instructions on reverse side

Name of Entity FRIENDS OF TOM HENDERSON
 Entity Number A 5283

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						

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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 FRIENDS of Tom HENDERSON

Entity Number A 5283

Date Received	Complete Name and Address of Payor	I		J		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)	A	D		M	I	N										
Totals This Page																			

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Schedule 2 - Expenditures

See instructions on reverse side

Entity Name FRIENDS of Tom Henderson

Entity # DX 5283

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Report Due Date 10-27-06

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
10/20/06		THOMAS C HENDERSON 6125 M SPRINGWATER PLACE FREDERICK MD 21701	THOMAS C HENDERSON 6125 M SPRINGWATER PLACE FREDERICK MD	165.75	X		

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											165.75			

*Describe in remarks (required)

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Schedule 3 - Outstanding Obligations
 See Instructions on reverse side

Name of Entity FRIENDS OF TOM HENDERSON

Entity Number A5283

			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 1B)	L Balance Due	M Balance Due	Description		
T.C. HENDERSON 6125 M SPRINGWATER PL FREDERICK MD 21701	8-3-06		yes			0	0			
Totals This Page									L	M

*Please report this loan
 Please been satisfied as of
 10-30-06 J. Henderson*

Failure to provide all of the information required by this form will be regarded as a FAILURE TO FILE.