

# Maryland State Board of Elections Campaign Finance Report Summary Sheet

### Part 1

Entity Name: Elaine McCulloh Kessinger Entity # A5539 Report Due Date: 11/28/06

Transaction Period → This Report covers transactions beginning 10/23/06 and ending 11/21/06.  
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>Farmers &amp; Mechanics Nat'l Bank</u> | <u>0060504064</u>   | <u>0</u>              |
| <b>Total</b>                              |                     | <u>0</u>              |

\*As of the report transaction ending date.

### Part 3

#### Receipts

|  |  |
|--|--|
| Contributions – Schd 1, Col A                        |  |
| 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  | <u>169.27</u>                |
| Field Expenses – Schd 2, Col P                | <u>401.21</u>                |
| 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                         | <u>Website Design 570.47</u> |
| Returned Contribution – Schd 2, Col Z         |                              |

Enter Total in Part 4 (Total Expenditures)

### Part 4

|                    |                |  |
|--------------------|----------------|--|
| Prior Balance      | <u>1140.95</u> | Report calculated cash balance from Part 4 of your prior report.                             |
|                    | +              |  |
| Total Receipts     | <u>0</u>       | Total of Part 3 Receipts   |
|                    | -              |  |
| Total Expenditures | <u>1140.95</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 – Schd 1B, Col J | <u>8</u> |
| Value of In-Kind Expenditures – Schd 2, Col AA  | <u>8</u> |

### Part 6

|  |          |
|--|----------|
| Outstanding Loan Balance – Schd 3, Col L |          |
| Outstanding Bills Due – Schd 3, Col M    |          |
| <b>Total Outstanding Obligations</b>     | <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.

Elaine McCulloh Kessinger 11/28/06  
 Signature of Candidate (not required for committee or slate) (Date)

\_\_\_\_\_  
 Signature of Chairman (not required for personal treasurer account)

Janice B. Fellous 11/28/06  
 Signature of Treasurer (Date)

All Reports must bear original signatures.

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

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

See instructions on reverse side

Name of Entity Elaine McCulloh Kessinger  
Entity Number A5539

| Date Received           | Received From<br>Name and Address of Contributor. | A<br>D<br>M<br>I<br>N<br>✓ | Paid by                    |                       | A<br>Contributions other than ticket purchases from Individuals, Corporations, etc. | B<br>Ticket purchases by Individuals, Corporations etc. | C<br>Contributions from Federal Committees (Include ticket purchases) | D<br>Contributions from Political Clubs (include ticket purchases) |
|-------------------------|---|----------------------------|----------------------------|-----------------------|---|---|---|--|
|                         |   |                            | C<br>H<br>E<br>C<br>K<br>✓ | C<br>A<br>S<br>H<br>✓ |   |   |   |  |
|                         | <b>NONE</b>                                       |                            | Aggregate to Date:         |                       |   |   |   |  |
|                         |   | \$                         |                            |                       |   | Price Per Ticket: \$                                    |   |  |
|                         |   | Aggregate to Date:         |                            |                       |   |   |   |  |
|                         |   | \$                         |                            |                       |   | Price Per Ticket: \$                                    |   |  |
|                         |   | Aggregate to Date:         |                            |                       |   |   |   |  |
|                         |   | \$                         |                            |                       |   | Price Per Ticket: \$                                    |   |  |
|                         |   | Aggregate to Date:         |                            |                       |   |   |   |  |
|                         |   | \$                         |                            |                       |   | Price Per Ticket: \$                                    |   |  |
|                         |   | Aggregate to Date:         |                            |                       |   |   |   |  |
|                         |   | \$                         |                            |                       |   | Price Per Ticket: \$                                    |   |  |
| <b>TOTALS THIS PAGE</b> |   |                            |                            |                       | 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 Elaine McCulloh Kessinger  
Entity Number A5539

| 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 |
|                  | <u>None</u>  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
|                  |  | \$                |   |                                  |              |                                    |
| TOTALS THIS PAGE |  |                   | E   | F                                | G            | H                                  |

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

See instructions on reverse side

Name of Entity Elaine McCulloh Kessinger  
 Entity Number A5539

| Date Received           | Complete Name and Address of Payor | I<br>Other - Refunds, Rebates, Items sold, interest or misc. income. (Describe in Remarks) | J  |                            | Remarks |
|-------------------------|------------------------------------|--|--|----------------------------|---------|
|                         |                                    |  | In-Kind Contribution - Fair Market Value of In-Kind Contribution Received. (Describe in Remarks) | A<br>D<br>M<br>I<br>N<br>✓ |         |
|                         | <u>None</u>                        |  | Aggregate to Date:<br>\$   |                            |         |
|                         |                                    |  | Aggregate to Date:<br>\$   |                            |         |
|                         |                                    |  | Aggregate to Date:<br>\$   |                            |         |
|                         |                                    |  | Aggregate to Date:<br>\$   |                            |         |
|                         |                                    |  | Aggregate to Date:<br>\$   |                            |         |
|                         |                                    |  | Aggregate to Date:<br>\$   |                            |         |
|                         |                                    |  | Aggregate to Date:<br>\$   |                            |         |
| <b>Totals This Page</b> |                                    | <b>I</b>   | <b>J</b>   |                            |         |

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Schedule 2 - Expenditures

See instructions on reverse side

Entity Name Elaine McCullon Kessinger

Entity # A5539

Page 1 of 1  
Report Due Date 11-25-06

| Date     | Check No. | Name and Address of Payee<br>(The payee is the person who is the ultimate recipient of campaign funds) | Name and Address of Reimbursee<br>(The reimbursee is the person who received the campaign check as a reimbursement for the expenditure. The reimbursee must be a campaign worker.) | Amount | CO DE | AMOUNT | REMARKS                     |
|----------|-----------|--|--|--------|-------|--------|-----------------------------|
| 11/20/06 | 1006      | Elaine Kessinger<br>267 W 5th St<br>Frederick 21701  |  | 570.47 | Y     |        | Website Design              |
| 11/20/06 | 1007      | Elaine Kessinger<br>267 W 5th St<br>Frederick 21701  |  | 570.48 | P     |        |                             |
|          |           | Reimbursements<br>American Express - Exxon   |  | 260.21 | P     |        | Gasoline/travel exp.        |
|          |           | Cash expenses for<br>Forums - Political Lunches/dinners  |  | 141.00 | P     |        | political functions         |
|          |           | GAON expenses for<br>Staples   |  | 169.27 | P     |        | office supplies + materials |
| Totals   |           |  |  | 570.48 |       |        |                             |

| 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 |
|             |                                 |                                | 570.48         |       |                                 | 21                           | 82      |                       |                      |  |                | 570.47 |                       |                     |

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\* Describe in remarks (required)



Schedule 3 - Outstanding Obligations

See instructions on reverse side

Name of Entity Elaine McCulloch Kessinger  
 Entity Number A5539

| Name and Address of Creditor | Date Loan Accepted or obligation incurred | Loans   |   |                                    |  | Unpaid Bills Other Than Loans |                  |             |
|------------------------------|---|---|---|------------------------------------|--|-------------------------------|------------------|-------------|
|                              |   | K<br>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<br>Balance Due              | M<br>Balance Due | Description |
| <i>None</i>                  |   |   |   |                                    |  |                               |                  |             |
|                              |   |   |   |                                    |  |                               |                  |             |
|                              |   |   |   |                                    |  |                               |                  |             |
|                              |   |   |   |                                    |  |                               |                  |             |
|                              |   |   |   |                                    |  |                               |                  |             |
|                              |   |   |   |                                    |  |                               |                  |             |
|                              |   |   |   |                                    |  |                               |                  |             |
|                              |   |   |   |                                    |  |                               |                  |             |
| Totals This Page             |   | K   |   |                                    |  | L                             | M                |             |

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