



Maryland State Board of Elections

Name of Entity : Kach, Wade Re-Election Committee
Filing Period Name : 01/13/2010 Annual

Entity Number : 01001767
Report Due Date : 01/20/2010

Campaign Finance Report Summary Sheet

Part 1

Transaction Period → This Report covers transactions beginning 01/15/2009 and ending 01/13/2010.
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*
*As of the report transaction ending date.		\$40,687.42
Total		

Part 3

Receipts

Contributions – Schd 1, Col A	\$2,525.00
Ticket Purchases – Schd 1, Col B	\$0.00
Federal Committees – Schd 1, Col C	\$0.00
Political Clubs – Schd 1, Col D	\$0.00
MD Candidate and State Accounts – Schd 1A, Col E	\$0.00
MD Party Central Committees – Schd 1A, Col F	\$0.00
MD Political Action Committees – Schd 1A, Col G	\$3,225.00
Non-Federal Out-of-State Committees – Schd 1A, Col H	\$0.00
Other – Schd 1B, Col I	\$373.70
Loans – Schd 3, Col K	\$0.00

Enter Total in Part 4 (Total Receipts)

Expenditures

Salaries & Other Compensation – Schd 2, Col N	\$0.00
Rent & Other Office Expenses – Schd 2, Col O	\$497.30
Field Expenses – Schd 2, Col P	\$0.00
Media – Schd 2, Col Q	\$0.00
Printing & Campaign Materials – Schd 2, Col R	\$0.00
Direct Mailing by Mail House – Schd 2, Col S	\$0.00
Postage – Schd 2, Col T	\$420.00
Purchase of Equipment – Schd 2, Col U	\$0.00
Fundraising Expenses – Schd 2, Col V	\$0.00
Transfers Out – Schd 2, Col W	\$0.00
Loan Repayment – Schd 2, Col X	\$0.00
Other – Schd 2, Col Y	\$0.00
Returned Contribution – Schd 2, Col Z	\$0.00

Enter Total in Part 4 (Total Expenditures)

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Part 4

Prior Balance	\$35,481.02	Report calculated cash balance from Part 4 of your prior report.
	+	
Total Receipts	\$6,123.70	Total of Part 3 Receipts
	-	
Total Expenditures	\$917.30	Total of Part 3 Expenditures
	=	
Cash Balance	\$40,687.42	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	\$0.00
Value of In-Kind Expenditures – Schd 2, Col AA	\$0.00

Part 6

Outstanding Loan Balance – Schd 3, Col L	\$0.00
Outstanding Bills Due – Schd 3, Col M	\$0.00
Total Outstanding Obligations	\$0.00

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.

(Date)

Signature of Treasurer

(Date)

Signature of Chairman

Warning

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SCHEDULE - 1

Contributions

A - Contributions other than ticket purchases from Individuals, Corporations, etc.

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

Date Received	Received From Name and Address of Contributor	ADMIN ✓	Aggregate to Date	Paid by	Contributions Amount
11/16/2009	I C CARE CORPORATION 1100 MERCANTILE LANE, SUITE 135, UPPER MARLBORO, MD 20774	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	GEORGE S. MALOUF, MD, PA 5802 BALTIMORE AVENUE, HYATTSVILLE, MD 20781	<input type="checkbox"/>	\$250.00	Check	\$250.00
11/16/2009	RETINA SPECIALISTS - THOMPSON AND SJAARDA, PA 6569 NORTH CHARLES STREET, SUITE 605, BALTIMORE, MD 21204	<input type="checkbox"/>	\$125.00	Check	\$125.00
12/31/2009	GEORGE S. MALOUF, MD, PA 5802 BALTIMORE AVENUE, HYATTSVILLE, MD 20781	<input type="checkbox"/>	\$350.00	Check	\$100.00
11/16/2009	YORK, JAMES J 105 SANDGATE COURT, MILLERSVILLE, MD 21108	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	Jensen, Allan D 3908 N. Charles Street, No. 600, Baltimore, MD 21218	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	GOEL, SANJAY D 5824 WILD ORANGE GATE, CLARKSVILLE, MD 21029	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	LISS, ROBERT A 3131 ENCLAVE COURT, BALTIMORE, MD 21208	<input type="checkbox"/>	\$50.00	Check	\$50.00
11/16/2009	TOWNSEND, PEGEEN 225 MC KEON ROAD, SEVERNA PARK, MD 21146	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	ZARBIN, ADRIANA 8 JENNY LANE, LUTHERVILLE TIMONIUM, MD 21093	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	BLUMBERG, ALBERT L 8 JENNY LANE, BALTIMORE, MD 21208	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	ZARBIN, ADRIANA 12236 ROUNDWOOD ROAD, LUTHERVILLE TIMONIUM, MD 21093	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	WATT, DAVID R 3184 HARNESS CREEK ROAD, ANNAPOLIS, MD 21403	<input type="checkbox"/>	\$150.00	Check	\$150.00
11/16/2009	MORGAN, BASIL S 4324 YORK ROAD, SUITE 100, BALTIMORE, MD 21212	<input type="checkbox"/>	\$125.00	Check	\$125.00

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11/16/2009	ALLEN, THOMAS E 701 STONELEIGH ROAD, BALTIMORE, MD 21212	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	GLASSER, DAVID B 2307 RIDGE TREE COURT, ELLCOTT CITY, MD 21042	<input type="checkbox"/>	\$125.00	Check	\$125.00
11/16/2009	HUNT, THOMAS E 3801 CANTERBURY ROAD #410, baltimore, MD 21218	<input type="checkbox"/>	\$250.00	Check	\$250.00
11/16/2009	WATT, DAVID R 3184 HARNESS CREEK ROAD, ANNAPOLIS, MD 21403	<input type="checkbox"/>	\$400.00	Check	\$250.00
11/16/2009	ZARBIN, ADRIANA 12236 ROUNDWOOD ROAD, LUTHERVILLE TIMONIUM, MD 21093	<input type="checkbox"/>	\$0.00	Check	(\$125.00)
12/31/2009	TYDINGS, JOHN C 1003 2A SPRING GATE RD, CATONSVILLE, MD 21228	<input type="checkbox"/>	\$300.00	Check	\$100.00
Total					\$2,525.00

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SCHEDULE - 1A

Transfers in G - From MD PACs

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

Date Received	Name of the Campaign Finance Entity from which the transfer is received.	Aggregate to Date	Amount
11/16/2009	MARYLAND ASSOCIATION OF NURSE ANESTHETISTS-PAC 3 CHURCH CIRCLE, ANNAPOLIS, MD 21401	\$125.00	\$125.00
11/16/2009	THE ASSOCIATION OF MARYLAND PILOTS POLITAL ACTION COMMITTEE 3720 DILLON STREET, BALTIMORE, MD 21224	\$250.00	\$250.00
11/16/2009	Baltimore County Physicians' Political Action Committee 606 Baltimore Avenue, No. 201, Baltimore, MD 21204	\$125.00	\$125.00
11/16/2009	MD SOCIETY OF EYE PHYSICIANS & SURGEONS PAC 1211 CATHEDRAL ST, BALTIMORE, MD 21201	\$500.00	\$250.00
11/16/2009	EMERGENCY MEDICINE PAC 1211 CATHEDRAL STREET, Baltimore, MD 21201	\$125.00	\$125.00
11/16/2009	Health Policy Leadership Alliance 6820 Deerpath Road, Elkridge, MD 21075	\$1,500.00	\$500.00
11/16/2009	MARYLAND PODIATRIC MEDICAL ASSOCIATION, PAC 600 BALTIMORE AVENUE, SUITE 301, TOWSON, MD 21204	\$250.00	\$250.00
11/16/2009	Maryland Medical Political Action Committee 224 MAIN STREET, ANNAPOLIS, MD 21401	\$2,000.00	\$1,000.00
11/16/2009	SFAAMD PAC 510 4TH STREET, LAUREL, MD	\$125.00	\$125.00
11/16/2009	SFAAMD PAC 510 4TH STREET, LAUREL, MD 20707	\$125.00	\$125.00
11/16/2009	SFAAMD PAC 510 4TH STREET, LAUREL, MD 20707	\$0.00	(\$125.00)
12/31/2009	MARYLAND SOCIETY OF ANESTHESIOLOGISTS 18 PINKNEY STREET, ANNAPOLIS, MD 21401	\$225.00	\$125.00
01/12/2010	THE NURSE PRACTITIONER ASSOCIATION OF MD, INC - PAC PO BOX 540, ELLICOTT CITY, MD 21041	\$100.00	\$100.00
01/12/2010	MARYLAND SOCIETY OF ANESTHESIOLOGISTS 18 PINKNEY STREET, ANNAPOLIS, MD 21401	\$475.00	\$250.00
Total			\$3,225.00

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SCHEDULE - 1B

Other Receipts and In-Kind Contributions I - Other - Refunds, Rebates, Items sold, interest or misc. income. (Describe in Remarks)

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

Date Received	Complete Name and Address of Payer	ADMIN ✓	Amount
12/31/2009	Bank Of America Baltimore National Pike, Ellicott City, MD 21043	<input type="checkbox"/>	\$373.70
Remarks: INTEREST INCOME FROM CD			
Total			\$373.70

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SCHEDULE - 2

Expenditures O - Rent and other office expenses

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

Date Received	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.)	ADMIN ✓	Amount
09/29/2009		BARRETT PRESS, INC 1430 MARINER DRIVE, ARNOLD, MD 21012		<input type="checkbox"/>	\$497.30
Remarks:					
Total					\$497.30

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SCHEDULE - 2

Expenditures T - Postage

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

Date Received	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.)	ADMIN ✓	Amount
07/20/2009		Kach, A. Wade 214 Ashland Road, Cockeysville, MD 21030		<input type="checkbox"/>	\$420.00
Remarks:					
Total					\$420.00

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