



City of Annapolis
 Board of Supervisors of Elections
 160 Duke of Gloucester Street
 Annapolis, MD 21401-2517

Elections@annapolis.gov • 410-263-7929 • Fax 410-280-1853 • TDD use MD Relay or 711 • www.annapolis.gov

Campaign Fund Report
Summary of Receipts and Disbursements

SHEILA M. FINLAYSON ALDERWOMAN 4
 Name of candidate, fund or committee as filed with the election office Office Ward

Bank information	Bank name	Account number
1. Checking	<u>SEVERN BANK</u>	<u>On file with Elections Office</u>
2. Other	<u></u>	<u>On file with Elections Office</u>
	<u></u>	<u>On file with Elections Office</u>

Transaction period from: JUNE 29, 2020 to AUG ²²~~18~~, 2021

Due no later than 4:30PM on the dates specified in the Candidate Handbook

Final Report (Check if you intend to close the account.) Surplus funds distributed to (4.44.040):

Amended Report (Check if this is a filing of an amended report for the above transaction period.)

Summary of Receipts and Disbursements

1. Cash balance - beginning of transaction period		\$	<u>5,167.77</u>
2. Receipts from Schedule 1, column 4			<u>4,135.00</u>
3. Proceeds from Schedule 2, column 4			<u>00.00</u>
4. Total cash available (Add lines 1, 2 and 3)		\$	<u>9,302.77</u>
5. Disbursements from Schedule 3:			
Column 4	\$		<u>2,637.71</u>
Column 5			<u>00.00</u>
Column 6			<u>00.00</u>
6. Total disbursements		\$	<u>2,637.71</u>
7. Cash balance - end of transaction period (Subtract line 6 from line 4)			<u>6,665.06</u>
8. Total outstanding obligations from Schedule 4		\$	<u>00.00</u>
9. In-kind contributions from Schedule 5, column 4		\$	<u>00.00</u>

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. (If report of candidate, candidate and treasurer must sign report; if committee, treasurer and chair must sign report.)

Candidate *Sheila M. Finlayson* Date 8-23-2021

Treasurer *Angie B. Currie* Date 8-23-2021

Chair of Committee or Slate _____ Date _____



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Name of candidate, fund or committee SHEILA M. FINLAYSON

Report period - transactions from JUNE 29, 2020 to AUG 18, 2021

Schedule 1 - Contributions and Receipts

(Excluding Transfers, Loans and In-kind Contributions)

Date received	Complete name and residence address of Payer**	Description of receipt. See instructions for code.				Amount
	*** PLEASE SEE ATTACHED***	Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket	EFT			
		"Other" Description:			Rcpt #	
	AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					
		Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket	EFT			
		"Other" Description:			Rcpt #	
	AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					
		Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket	EFT			
		"Other" Description:			Rcpt #	
	AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					
		Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket	EFT			
		"Other" Description:			Rcpt #	
	AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					
		Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket	EFT			
		"Other" Description:			Rcpt #	
	AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					

Total this page \$ 4,135.00

**Note -- In order to receive contributions from a Political Action Committee (PAC), the PAC must be registered as certified/qualified and active with the Maryland State Board of Elections. If a PAC directly or indirectly, expends \$51.00 or more to aid or oppose the nomination or election of a candidate, the PAC shall report a statement of contributions and expenditures to the candidate's treasurer and said statement shall be included in this report. This provision applies to any PAC located outside of the City with respect to any expenditures of funds within the City.

NAME OF CANDIDATE: SHEILA M. FINLAYSON
ALDERWOMAN WARD 4

SCHEDULE 1-CONTRIBUTIONS RECEIPTS
REPORT PERIOD-TRANSACTIONS: 6-30-2020 THRU 8-15-2021

DATE RECEIVED	COMPLETE NAME	ADDRESS OF PAYER	CITY & STATE	AMOUNT	CHECK #	CODE	AGGREGATE AMT TO DATE
7/5/21	ALVA HANDY	1103 SMITHVILLE ST UNIT #125	ANNAPOLIS, MD 21401	\$50.00	5053	C	\$50.00
7/5/21	CHRISTINA AIST	8 HERITAGE CT	ANNAPOLIS, MD 21401	\$50.00	1172	C	\$50.00
7/5/21	DENISE JOHNSON	107 CHESTER AVE	ANNAPOLIS, MD 21403	\$25.00	8661	C	\$25.00
7/5/21	DEBRA HARDY-CARTWRIGHT	3401 HIDDEN RVR VIEW RD	ANNAPOLIS, MD 21403	\$100.00	1404	C	\$100.00
7/5/21	VALERIE L BRYANT	13307 HILLROD LN	UPPER MARLBORO, MD 20774	\$100.00	2473	C	\$200.00
7/5/21	CYNTHIA BOYD	3210 WALNUT DR	HIGHLAND BEACH, MD 21403	\$100.00	108	C	\$100.00
7/5/21	OMEGA PROPERTIES INC	45 OLD SOLOMONS IS RD	ANNAPOLIS, MD 21401	\$500.00	4026	C	\$500.00
7/5/21	GEORGE TROTTER	254 WOODWARD RD	ARNOLD, MD 21012	\$100.00	CASH	C	\$100.00
7/5/21	NEWTON GENTRY	314 BROAD CREEK DR	ANNAPOLIS, MD 21401	\$20.00	CASH	C	\$20.00
7/5/21	SOLON WEBB	704 CHILDS POINT RD	ANNAPOLIS, MD 21401	\$100.00	2217	C	\$130.00
7/5/21	LARRY DIGGS	P.O. BOX 705	BEL AIR, MD 21014	\$100.00	1855	C	\$380.00
7/10/21	BONITA SIMMS	1306 CRAWFORDS CT	ODENTON, MD 21113	\$50.00	196	C	\$50.00
7/19/21	JOSEPH JOHNSON	210 SORRELL CIRCLE	SMYRNA, DE 19977	\$100.00	4025	C	\$100.00
8/4/21	SHIRLEY WOMACK	21 SILOPANNA RD	ANNAPOLIS, MD 21403	\$60.00	1254	C	\$60.00
8/4/21	REV. SAMUEL COLBERT	3401 COHASSET AVE	ANNAPOLIS, MD 21403	\$60.00	1297	C	\$60.00
8/4/21	CHRISTINA AIST	8 HERITAGE CT	ANNAPOLIS, MD 21401	\$100.00	1138	C	\$150.00
8/4/21	PAMELA GENTRY	314 BROAD CREEK DR	ANNAPOLIS, MD 21401	\$100.00	3469	C	\$100.00
8/4/21	LARRY W JONES	40 LAGUAN TERRANCE	PALM BEACH GARDENS, FL 33418	\$100.00	1621	C	\$100.00
8/4/21	LESLIE SWELL	18735 CARLENE DR	UPPER MARLBORO, MD 20772	\$100.00	1612	C	\$100.00

NAME OF CANDIDATE: SHEILA M. FINLAYSON
ALDERWOMAN WARD 4

SCHEDULE 1-CONTRIBUTIONS RECEIPTS
REPORT PERIOD-TRANSACTIONS: 6-30-2020 THRU 8-~~15~~²²-2021

DATE RECEIVED	COMPLETE NAME	ADDRESS OF PAYER	CITY & STATE	AMOUNT	CHECK #	CODE	AGGREGATE AMT TO DATE
8/4/21	MIDGETT PARKER	3329 CHRISLAND DR	ANNAPOLIS, MD 21403	\$150.00	1065	C	150.00
8/4/21	JOANNE STOKES	5794 BOOKS WOODS RD	LOTHAN, MD 20711	\$250.00	2742	C	250.00
8/4/21	GEORGETOWN FIN SERV	1752 WEBSTER ST NW	WASHINGTON, DC	\$250.00	2562	C	250.00
8/4/21	DONALD ROANE	3135 ANCORAGE DR	ANNAPOLIS, MD 21403	\$250.00	115	C	500.00
8/4/21	FRANK FRASSICA	422 GINN LN	PASADENA, MD 21122	\$1,000.00	2102	C	1,000.00
8/4/21	JAMEKICA MACKELL	31 BUNCHE STREET	ANNAPOLIS, MD 21401	\$50.00	CASH	C	50.00
8/4/21	DIMITRI SFAKIYANUDIS	572 WAYWARD DR	ANNAPOLIS, MD 21401	\$50.00	CASH	C	50.00
8/4/21	TIM HALL	c/o 199 TAYLOR AVE	ANNAPOLIS, MD 21401	\$20.00	CASH	C	20.00
8/4/21	ROSE MARIE THOMPSON	1683 BRICKHOUSE BAR CT	ANNAPOLIS, MD 21401	\$50.00	2042	C	50.00
8/8/21	JACQUELINE ALLSUP	73700 ANON LN	GLEN BURNIE, MD 21060	\$100.00	8617	C	100.00
8/8/21	CARL SNOWDEN	230 GARDEN GATE LN	ANNAPOLIS, MD 21403	\$50.00	CASH	C	50.00
			TOTAL PRIOR PAGE	\$1,915.00			
			GRAND TOTAL	\$4,135.00			



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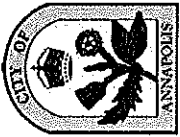
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Name of candidate, fund or committee SHEILA M. FINLAYSON
 Report period - transactions from JUNE 29, 2020 to AUG 18, 2021

Schedule 2 - Loans and Transfers

Date received	Complete name and residence address of lender or transferor	Description of loan or transfer	Amount
	NONE	Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith <input checked="" type="checkbox"/> Yes	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith <input checked="" type="checkbox"/> Yes	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith <input checked="" type="checkbox"/> Yes	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith <input checked="" type="checkbox"/> Yes	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith <input checked="" type="checkbox"/> Yes	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith <input checked="" type="checkbox"/> Yes	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith <input checked="" type="checkbox"/> Yes	

Total this page \$ 00.00



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 Report period - transactions from JUNE 29, 2020 to AUG 15, 2021

Schedule 3 - Disbursements

1 Date	2 Payee and Address	3 Payment Method			4 All payments other than loan payments and transfers to other funds		5 Loan Payments	6 Transfers to other funds (candidate or committee name required)	
		Check #	Cash	EFT	Code	Amount	Amount	Name	Amount
	*** PLEASE SEE ATTACHED***								
	+								
Totals this page \$								\$2,637.71.00	.00

NAME OF CANDIDATE: SHEILA M FINLAYSON
 ALDERWOMAN WARD 4
 SCHEDULE 3-DISBURSEMENTS 22
 REPORT PERIOD: 6/30/2020 TO 8/31/2021

DATE	PAYEE & ADDRESS	PAYMENT METHOD	ALL PAYMENTS OTHER THAN LOAN PAYMENTS & TRX TO OTHER FUNDS		TXF TO OTHER FUNDS NAME & AMOUNT	"OTHER" DESCRIPTION
			CODE	AMOUNT		
7/30/20	Alexis Scott 11424 Rockmont Ct. Richmond, VA 23236 Office Depot	check #1171	PL	\$100.00		
8/1/20	2401 Solomons Is Rd, Annapolis MD 21401	check #1172	OS	\$196.49		
10/16/20	American Legion #141 1707 Forest Dr Annapolis MD 21401 Office Depot	check #1173	O	\$50.00		
11/10/20	2401 Solomons Is Rd, Annapolis MD 21401	check #1174	OS	\$154.22		
12/15/20	Sheila Finlayson 131 Brightwater Dr Annapolis MD 21401	check #1175	O / OS	\$421.00		Reimbursement for expenses cost/event
6/28/21	Hoffman Custom Embroidery 932 Blue Fox Wy Arnold 21012 Office Depot	check #1176	PL	\$1,131.51		
6/29/21	2401 Solomons Is Rd, Annapolis MD 21401	check #1177	OS	\$203.47		
8/3/21	MD Democratic Party 275 West St. ste 70 Annapolis, MD 21401 Severn Bank	wire trx withdrawal	F	\$300.00		
8/3/21	1917 West St Annapolis, MD 21401	wire trx fee w/d	F	\$25.00		

NAME OF CANDIDATE: SHEILA M FINLAYSON
 ALDERWOMAN WARD 4
 SCHEDULE 3-DISBURSEMENTS 22
 REPORT PERIOD: 6/30/2020 TO 8/31/2021

DATE	PAYEE & ADDRESS	PAYMENT METHOD	ALL PAYMENTS OTHER THAN LOAN PAYMENTS & TRX TO OTHER FUNDS		LOAN PAYMENTS	TXF TO OTHER FUNDS	"OTHER" DESCRIPTION
			CODE	AMOUNT			
8/12/21	Office Depot 2401 Solomons Is Rd, Annapolis MD 21401	check #1178	OS	\$56.02			
			TOTAL AMOUNT PRIOR PAGE	\$2,581.69			
			GRAND TOTAL BOTH PAGES	\$2,637.71			



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Schedule 4 - Outstanding Obligations as of End of Report Period

1	2	3	4
Name and address	Description of debt (Loans, unpaid bills, etc.)	Date debt incurred	Amount
NONE			

Total this page \$ 00.00



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Schedule 5 - In-kind Contributions

1	2	3	4
Date	Name and address of contributor	Description of In-kind Contribution	Fair Market Value (during this report period)
	NONE		

Total this page \$ 00.00