



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

CITY OF ANNAPOLIS
 BOARD OF SUPERVISORS
 OF ELECTIONS

2021 OCT 26 PM 1:53

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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: OCT 4, 2021 to OCT 24, 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>6,331.95</u>
2. Receipts from Schedule 1, column 4			<u>1,060.00</u>
3. Proceeds from Schedule 2, column 4			<u>00.00</u>
4. Total cash available (Add lines 1, 2 and 3)		\$	<u>7,391.95</u>
5. Disbursements from Schedule 3:			
Column 4	\$	<u>200.00</u>	
Column 5		<u>00.00</u>	
Column 6		<u>00.00</u>	
6. Total disbursements		\$	<u>200.00</u>
7. Cash balance - end of transaction period (Subtract line 6 from line 4)			<u>7,191.95</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 10-25-2021

Treasurer Angie B. Currie Date 10-25-2021

Chair of Committee or Slate _____ Date _____



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Name of candidate, fund or committee SHEILA M. FINLAYSON

Report period - transactions from OCT 4, 2021 to OCT 24, 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 \$ 1,060.00

**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:10-4-21 THRU 10-24-2021

<u>DATE RECEIVED</u>	<u>COMPLETE NAME</u>	<u>ADDRESS OF PAYER</u>	<u>CITY & STATE</u>	<u>AMOUNT</u>	<u>CHECK #</u>	<u>CODE</u>	<u>AGGREGATE AMT TO DATE</u>
10/7/21	VERNELL ROBERTS	1605 BEAR PAW LN	HANOVER, MD 21076	\$60.00	108	C	\$60.00
10/15/21	UFCW LOCAL 400 ABC PAC	8400 CORPORATE DR STE 200	LANDOVER, MD 20785	\$1,000.00	1266	C	\$1,500.00
			GRAND TOTAL	\$1,060.00			



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Report period - transactions from OCT 4, 2021 to OCT 24, 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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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 Amount	6 Transfers to other funds (candidate or committee name required)
			Code	Amount		
	PLEASE SEE ATTACHED	Check #				
		Cash				
		EFT				
		"Other" Description:				
		Check #				
		Cash				
		EFT				
		"Other" Description:				
		Check #				
		Cash				
		EFT				
		"Other" Description:				
		Check #				
		Cash				
		EFT				
		"Other" Description:				
Totals this page \$			\$200.00	.00		.00

NAME OF CANDIDATE: SHEILA M FINLAYSON
 ALDERWOMAN WARD 4
 SCHEDULE 3-DISBURSEMENTS
 REPORT PERIOD: 10-4-21 TO 10-24-21

DATE	PAYEE & ADDRESS	PAYMENT METHOD	ALL PAYMENTS OTHER THAN LOAN PAYMENTS & TRX TO OTHER FUNDS	AMOUNT	LOAN PAYMENTS	TXF TO OTHER FUNDS NAME & AMOUNT	"OTHER" DESCRIPTION
10/4/21	Erika Breitkopf 700 Americana Dr #57 Annapolis MD 21403	check #1185	PL	\$150.00			
10/24/21	Friends of Sean Livingston PO Box 1093 Edgewater, MD 21037	check #1186	CO	\$50.00			
			GRAND TOTAL	\$200.00			



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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