





**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

Name of candidate, fund or committee SHEILA M. FINLAYSON

Report period - transactions from OCT 25, 2021 to OCT 31, 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	
		Code *	Ticket price	Cash			
	NONE			Check #		00.00	
		* T, enter price per ticket		EFT			
		"Other" Description:			Rcpt #		
		AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					
				Check #			
		* T, enter price per ticket		EFT			
		"Other" Description:			Rcpt #		
		AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					
				Check #			
		* T, enter price per ticket		EFT			
		"Other" Description:			Rcpt #		
		AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					
				Check #			
		* T, enter price per ticket		EFT			
		"Other" Description:			Rcpt #		
		AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					
				Check #			
		* T, enter price per ticket		EFT			
		"Other" Description:			Rcpt #		
		AGGREGATE AMOUNT RECEIVED FROM PAYER TO DATE \$					

Total this page \$ 00.00

\*\*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.



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**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	00.00
		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	
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		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)		
		Check #	Cash	EFT	Code	Amount		Name	Amount	
	***PLEASE SEE ATTACHED***									
Totals this page \$									\$223.00	.00

Totals this page \$ \$223.00 .00

NAME OF CANDIDATE: SHEILA M FINLAYSON  
 ALDERWOMAN WARD 4  
 SCHEDULE 3-DISBURSEMENTS  
 REPORT PERIOD: 10-25-21 TO 10-31-21

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
			CODE	AMOUNT				
10/25/21	Erika Breikopf 700 Americana Dr #57 Annapolis MD 21403	check #1187	PL		\$165.00			
10/29/21	USPS POST MASTER 210 LEGION AVE ANNAPOLIS MD 21401	check #1188	P		\$58.00			
					\$223.00			



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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		

*Sum*

Total this page \$ 00.00