



City of Annapolis
Office of the City Clerk
160 Duke of Gloucester Street
Annapolis, MD 21401-2517

JUL 01 2019
CMG

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 or committee as filed with the election office Office Ward

Bank information Bank name Account number
1. Checking Severn Bank
2. Other

Transaction period from: June 24, 2019 to June 30, 2019

Due no later than 4:30PM on the last day of each transaction period. (See Candidate Packet Memo for dates)

Final Surplus funds distributed to (4.44.040):

Summary of Receipts and Disbursements

Table with 2 columns: Description and Amount. Rows include Cash balance - beginning of transaction period (\$ 5,183.36), Receipts from Schedule 1, column 4 (0.00), Proceeds from Schedule 2, column 4 (0.00), Total cash available (Add lines 1, 2 and 3) (\$ 5,183.36), Disbursements from Schedule 3 (Column 3 \$ 0.00, Column 4, Column 5), Total disbursements (\$ 0.00), Cash balance - end of transaction period (Subtract line 6 from line 4) (5,183.36), Total outstanding obligations from Schedule 4 (\$ 0.00), In-kind contributions from Schedule 5, column 4 (\$ 0.00).

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 chairman must sign report.)

Candidate: Sheila M. Finlayson Date 7-1-2019

Treasurer: [Signature] Date 7-1-2019

Chairman of Committee or Slate Date



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**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	Check #	
	NONE					0.00
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		Code *	Ticket price	Cash		
		C		Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				
		Code *	Ticket price	Cash		
				Check #		
		* T, enter price per ticket		Rcpt #		
		Aggregate amount received from Payer to date				

Total this page \$ 0.00



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**Schedule 2 - Loans and Transfers**

Date received	Complete name and residence address of Payer	Description of loan or transfer	Amount
	NONE	Aggregate amount of loan or transfer \$	00.00
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
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		Aggregate amount of loan or transfer \$	

Total this page \$ 00.00



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**Schedule 3 - Disbursements**

1 Date	2 Payee and address	3 Salaries and all payments other than loan payments			4 Loan payments		5 Transfers to other funds (candidate or committee name required)	Amount
		Code	Amount	Method	Amount	Method		
	NONE			Check #		Check #		
				Cash		Cash		
				Rcpt #		Rcpt #		
				Check #		Check #		
				Cash		Cash		
				Rcpt #		Rcpt #		
				Check #		Check #		
				Cash		Cash		
				Rcpt #		Rcpt #		
				Check #		Check #		
				Cash		Cash		
				Rcpt #		Rcpt #		
Totals this page \$			0.00		0.00			0.00



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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			00.00

Total this page \$ 0.00



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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		00.00

Total this page \$ 00.00