



Commonwealth of Massachusetts

FORM CFP M 102. Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Self funded

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 02/15/2022 Ending Date: 02/22/2022

Type of Report: (Check one) [X] 8th day preceding preliminary [X] 8th day preceding election [] 30 day after election [] year-end report [] dissolution

Sharon Mintz Candidate Full Name (if applicable) Library Trustee Town of Wellesley Office Sought and District 77 Westgate, Wellesley MA 02481 Residential Address E-mail: 4mintz@gmail.com Phone # (optional):

none Committee Name none Name of Committee Treasurer none Committee Mailing Address E-mail: none Phone # (optional):

RECEIVED TOWN CLERK'S OFFICE WELLESLEY MA 02482 2022 FEB 22 PM 3:15

SUMMARY BALANCE INFORMATION:

Table with 2 columns: Description (Line 1-8) and Amount. Line 1: none; Line 2: none; Line 3: none; Line 4: 58.; Line 5: 0; Line 6: none; Line 7: none; Line 8: none

Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity... Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 2-22-22

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee [] I certify that I have examined this report... Candidate without Committee [X] I certify that I have examined this report... Signed under the penalties of perjury: (Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

RECEIVED
 JOURNAL CLERK'S OFFICE
 WELLESLEY MA 02482
 2022 FEB 22 PM 3:46

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

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 TOWN CLERK'S OFFICE
 WELLESLEY, MA 02482
 2022 FEB 22 PM 3:46

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
02/18/2011	USPS	Washington Street, 02481	mailing flyers	58.00
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				58.00

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WELLESLEY MA 02482
2012 FEB 22 PM 3:46

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD			58.00

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* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C - IN-KIND CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

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 JOHN OTERNS OFFICE
 WELLESLEY MA 02462
 2017 FEB 22 PM 3:46

Line 15: In-Kind Contributions over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

Enter on page 1, line 6 →

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE B - LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount

2022 FEB 22 PM 3:46
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WELLESLEY MA 02482

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**





WELLESLEY HILLS
337 WASHINGTON ST
WELLESLEY HILLS, MA 02481-0908
(800)275-8777

02/18/2022 12:11 PM

Product	Qty	Unit Price	Price
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Thank fee	5	\$11.60	\$58.00
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Grand Total: \$58.00

Credit Card Remitted \$58.00

Card Name: VISA
Account #: XXXXXXXXXX5414
Approval #: 03495D
Transaction #: 908
AID: A0000000091010 Chip
AL: VISA CREDIT
PIN: Not Required

USPS is experiencing unprecedented volume increases and limited employee availability due to the impacts of COVID-19. We appreciate your patience.

Preview your Mail
Track your Packages
Sign up for FREE ®
<https://informedelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device.



or call 1-800-410-7420.

LFN: 240025-0181
Receipt #: 840-50200079-1-5716427-2
Clerk: 14