



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/23/21 Ending Date: 12/31/2021

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Odessa M.B. Sanchez
Candidate Full Name (if applicable)
Select Board
Office Sought and District
48 Barton Rd Wellesley
Residential Address
E-mail: odessaw@gmail.com
Phone # (optional): 857-233-6583

Odessa Sanchez for Selectman
Committee Name
Tanisha Chalms
Name of Committee Treasurer
- 18 Barton Rd Wellesley
Committee Mailing Address
E-mail: selectodessasanchez@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>971.87</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>971.87</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>971.87</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Cambridge Trust, Wellesley</u>

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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, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 2/3/22

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee
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, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee
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, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Odessa M.B. Sanchez Date: 2/3/22

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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Line 9: Total Receipts over \$50 (or listed above)	<input type="text"/>
Line 10: Total Receipts \$50 and under* (not listed above)	<input type="text"/>
Line 11: TOTAL RECEIPTS IN THE PERIOD	<input type="text"/>

← 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 (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)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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Enter on page 1, line 4 →

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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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	

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

SCHEDULE D: 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

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 JOHN CLERMONT'S OFFICE
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