



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: 1/1/2021 Ending Date: 4/6/2021

Type of Report: (Check one)

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

Yvonne Helbert Candidate Full Name (if applicable) Wilmington School Committee Office Sought and District 22 Fairview Ave. Wilmington, MA 01887 Residential Address E-mail: yhelbert79@gmail.com Phone # (optional): 781-389-4223	Candidate Only Committee Name N/A Name of Committee Treasurer N/A Committee Mailing Address E-mail: N/A Phone # (optional): N/A
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SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$0
Line 2: Total receipts this period (page 3, line 11)	\$428.80
Line 3: Subtotal (line 1 plus line 2)	\$428.80
Line 4: Total expenditures this period (page 5, line 14)	\$428.80
Line 5: Ending Balance (line 3 minus line 4)	\$0
Line 6: Total in-kind contributions this period (page 6)	\$0
Line 7: Total (all) outstanding liabilities (page 7)	\$0
Line 8: Name of bank(s) used:	N/A

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: _____ (Treasurer's signature) Date: _____

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.

Signed under the penalties of perjury: Yvonne Helbert (Candidate's signature)

Date: 4/16/21

TOWN OF WILMINGTON, MA

2021 APR 16 PM 3:35

RECEIVED
TOWN CLERK

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)
3/26/2021	Yvonne Helbert 22 Fairview Ave. Wilmington, MA 01887	\$299.80	Sr. Scientist/R&D Manager Medicinal Genomics Corporation
3/30/2021	Yvonne Helbert 22 Fairview Ave. Wilmington, MA 01887	\$129.00	
Line 9: Total Receipts over \$50 (or listed above)		\$428.80	
Line 10: Total Receipts \$50 and under* (not listed above)		\$0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$428.80	← 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
3/26/2021	Signs on the Cheap	11525a Stonehollow Dr Austin, TX 78758	Yard signs and wire stakes	\$299.80
3/30/2021	Signs on the Cheap	11525a Stonehollow Dr Austin, TX 78758	Yard signs	\$129.00
Line 12: Total Expenditures over \$50 (or listed above)				\$428.80
Line 13: Total Expenditures \$50 and under* (not listed above)				\$0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$428.80

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 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.

[illegible]

* 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.

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.

Enter on page 1, line 7 →

<div style="display: flex; justify-content: space-around;"> <div>  </div> <div>  </div> </div>
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Order Number: 77994588



Placed: 3/26/2021

Payment: Complete

Status: Shipped

Estimated Delivery: 4/5/2021 (view shipping details below)

Billing Information	Shipping Information	Other Information
Name: YVONNE HELBERT Address Line 1: 22 FAIRVIEW AVE Address Line 2: City: WILMINGTON State/Prov/Reg: MA Zip: 01887-2417 Country: United States	Name: YVONNE HELBERT Address Line 1: 22 FAIRVIEW AVE Address Line 2: City: WILMINGTON State/Prov/Reg: MA Zip: 01887-2417 Country: United States	Email: yhelbert79@gmail.com Telephone: 781-389-4223 Shipping Method: Ground

Ordered Items:	Qty.	Price	Item Total
 Customized Sign Custom Sign ID: 879346086 18" x 24"; Corrugated Plastic Single-Sided 2 Colors View Proof	50	\$6.89	\$344.50
 24"h x 10"w Wire Stake	50	\$2.47	\$123.50

Payment Information	Subtotal: \$468.00
Card Type: Visa	Promo: (\$262.14)
Card Number: XXXXXXXXXXXX8355	Shipping: \$76.30
Expiration: 3 / 2022	Tax: \$17.64
Payment Status: Complete	Total: \$299.80

Shipping Activity
Shipping Status: Shipped
Tracking Number: 785280378740
Tracking Number: 1Z44E6R70391512252

Order Number: 78002275


Placed: 3/30/2021

Payment: Complete

Status: Shipped

Estimated Delivery: 4/7/2021 (view shipping details below)

Billing Information	Shipping Information	Other Information
Name: YVONNE HELBERT Address Line 1: 22 FAIRVIEW AVE Address Line 2: City: WILMINGTON State/Prov/Reg: MA Zip: 01887-2417 Country: United States	Name: YVONNE HELBERT Address Line 1: 22 FAIRVIEW AVE Address Line 2: City: WILMINGTON State/Prov/Reg: MA Zip: 01887-2417 Country: United States	Email: yhelbert79@gmail.com Telephone: 781-389-4223 Shipping Method: Ground

Ordered Items:	Qty.	Price	Item Total
 Customized Sign Custom Sign ID: 879430987 18" x 24"; Corrugated Plastic Double-Sided 2 Colors View Proof	50	\$7.93	\$396.50

Payment Information		Subtotal:	\$396.50
Card Type: StripeOL Card Number: 8355 Expiration: 3 / 2022	Payment Status: Complete	Promo:	(\$313.24)
		Shipping:	\$38.15
		Tax:	\$7.59
		Total:	\$129.00

Shipping Activity
Shipping Status: Shipped
Tracking Number: 785456012495