



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: 08/06/2021 Ending Date: 09/10/2021

Type of Report: (Check one)

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

Vedna K. Heywood

Candidate Full Name (if applicable)

Plymouth Select Board

Office Sought and District

6 Nathan Lane, Plymouth, MA 02360

Residential Address

E-mail: vkilacombe@gmail.com

Phone # (optional):

Committee to Elect Vedna Heywood

Committee Name

Patricia N. Adelman

Name of Committee Treasurer

34 Stockade Path, Plymouth, MA 02360

Committee Mailing Address

E-mail: pnadelmann@gmail.com

Phone # (optional): 617-838-7665

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$2291.96
Line 2: Total receipts this period (page 3, line 11)	\$655.00
Line 3: Subtotal (line 1 plus line 2)	\$2946.96
Line 4: Total expenditures this period (page 5, line 14)	\$1834.67
Line 5: Ending Balance (line 3 minus line 4)	\$1112.29
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:	Rockland Trust

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: Patricia N. Adelman (Treasurer's signature)

Date: Sept. 12, 2021

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: [Signature] (Candidate's signature)

Date: 9/12/21

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.)

[illegible]

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

\$655.00

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

0

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$655.00

← 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.

TOTAL AMOUNT: \$ 655.00

DATE	FIRST NAME	LAST NAME	STREET ADDRESS	CITY	STATE	ZIP	AMOUNT	OCCUPATION	EMPLOYER
8/6/2021	Gerly	Adrian	15 Cumberland St	Everett	MA	02149	\$ 100.00		
8/10/2021	Gerald R	Flaherty	63 Agawan Rd	Plymouth	MA	02360	\$ 25.00		
8/5/2021	Jennifer	Harris	62 Mariners Way Unit 4310	Plymouth	MA	02360	\$ 100.00		
10-Aug	Dotie	Joseph	1330 Northeast 8th Ave	Miami	FL	33160	\$ 50.00		
8/14/2021	Janice P	Leary	120 Shore Dr	Plymouth	MA	02360	\$ 30.00		
8/16/2021	Heidi	Mayo	20 Savery Ave	Plymouth	MA	02360	\$ 50.00		
8/8/2021	Diana J	Psilopoulos	28 Holbeck Corner	Plymouth	MA	02360	\$ 50.00		
7/25/2021	Evan C	Schulman	69 Vernon St	Boston	MA	02108	\$ 250.00	President	Tidmarsh

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
	PLEASE SEE ATTACHED			
Line 12: Total Expenditures over \$50 (or listed above)				\$1834.67
Line 13: Total Expenditures \$50 and under* (not listed above)				
<div style="display: flex; justify-content: space-between;"> Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD </div>				\$1834.67

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

DATE	TO WHOM PAID	ADDRESS	PURPOSE	AMOUNT
8/16/2021	Adobe	San Jose	web fees	\$ 56.30
8/14/2021	Alden Park	160 Colony Place, Plymouth, MA 02360	volunteer gathering	\$ 767.20
8/9/2021	Amazon.com	Seattle Washington	thank you cards	\$ 25.45
6/24/2021	BJ's	105 Shops at 5 Way	Kick Off cake	\$ 23.99
8/4/2021	BJ's	105 Shops at 5 Way, Plymouth, MA	food for Meet& Greet	\$ 79.22
8/10/2021	Community News	15 Pacella Park Dr, Randolph, MA 02368	OCM Advertising	\$ 250.00
8/5/2021	Dollar Tree	91 Carver Rd, Plymouth, MA	paper products	\$ 9.56
8/11/2021	Robocent Inc	Virginia Beach, Virginia	Robo calls	\$ 300.00
6/24/2021	Staples	131 Samoset St, Plymouth, MA 02360	Kick Off supplies	\$ 109.76
8/10/2021	Staples Direct	131 Samoset St, Plymouth, MA 02360	Door to door cards	\$ 89.77
8/5/2021	Stop&Shop	127 Samoset St, Plymouth, MA	food Meet&Greet	\$ 22.29
8/26/2021	Stripe	510 Townsend Street San Francisco, CA 94103	online fees	\$ 14.73
8/10/2021	USPS	100 Long Pond Rd, Plymouth, MA	postage	\$ 86.40
TOTAL EXPENDITURES:			\$ 1,834.67	

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
			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

* 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.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		8/16/2021
Name of Individual Being Reimbursed:	Evelyn Strawn	
Committee Name:	committee to Elect Vedna Heywood	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/4/2021	BJ's	105 Shops at 5 Way Plymouth, MA 02360	Food for Meet & Greet	\$79.22
8/5/2021	Stop & Shop	127 Samoset St Plymouth, Ma 02360	Food and beverage for Meet & Greet	\$22.29
8/5/2021	Dollar Tree	91 Carver Rd Plymouth, MA 02360	Paper products for Meet & Greet	\$9.56
8/10/2021	USPS	100 Long Pond Rd Plymouth, MA 02360	Postage for postcards	\$86.40

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$197.47
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	\$197.47

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: Sept. 12, 2021