



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: 1/6/25 Ending Date: 5/8/25

Type of Report: (Check one)

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

Deborah Ann Iaquinto

Candidate Full Name (if applicable)

Select Board

Office Sought and District

60R Warren Ave, Plymouth MA

Residential Address

E-mail: deb@selectdeb.com

Phone #: 774-284-3662

Committee to Elect Deb Iaquinto

Committee Name

Gregory Iaquinto Jr

Name of Committee Treasurer

60R Warren Ave, Plymouth Ma 02360

Committee Mailing Address

E-mail: deb@selectdeb.com

Phone #: 774-284-3662

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 12)	<u>\$22,575</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$22,575</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>\$15,280.86</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$7294.14</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>\$16,500</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>\$1436.93</u>
Line 9: Name of bank(s) used:	<u>Rockland Trust</u>

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: 5/7/25

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: Deborah Iaquinto (Candidate's signature)

Date: 5/7/25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/1/25	Pat Chamberlain	\$100	
2/13/25	Jan M. Dempsey 27 Hearthstone, Plymouth MA	\$100	
3/24/25	Anthony Genovese 22 Highbank Trl, Plymouth MA	\$100	
2/12/25	Susan Grady 52 VeridianPlymouth, MA 02360	\$100	
3/12/25	Sam Gruenbaum25 BirminghamPlymouth, MA	\$500	Retired
2/14/25	Brian Harrington 209 Valley Road, Plymouth MA	\$150	
2/16/25	Jacob Hart, 365 N. Jefferson Street, 2409 Chicago, IL 60661	\$150	
4/23/25	Margret Hieser 48 Champlain Cir, Plymouth MA	\$1000	Retired
3/12/2025	Scott Hokanson 37 Warren Ave, Plymouth MA	\$100	
1/29/25	Mark Iannoni 3 Village Green N, 311, Pmb 605	\$250	Owner Plymouth Patriot Painting and Carpentry
4/8/25	Lyle Lawrence 4 sampson CMNS, Plymouth MA	\$100	
3/25/25	Lisa Meeks 15 Red Leaf, Plymouth Ma	\$250	Not Employed
2/12/25	Lisa Meserve177 Rocky Hill Road	\$100	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/3/25	Marie Whiting 213 Sandwich Street Plymouth MA	\$200	Retired
1/6/25	Deborah Iaquinto 60R Warren Ave, Plymouth MA	\$1000	Candidate for SelectBoard
2/26/25	Deborah Iaquinto 60R Warren Ave, Plymouth MA	\$5000	Candidate for SelectBoard
4/28/25	Deborah Iaquinto 60R Warren Ave, Plymouth MA	\$10,500	Candidate for SelectBoard
Line 10: Total Receipts over \$50 (or listed above)			<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/15/25	Bernadette Mccool 39 Birmingham, Plymouth MA	\$100	
3/25/25	Philip Morgan 88 Clam Pudding, Plymouth MA	\$100	
5/1/25	Peter Neville 296 Billington Street, Plymouth MA	\$250	Retired
2/13/25	Francis Obrien 42 Peter Road, Plymouth MA	\$100	
1/29/25	Mike Odonnell 62 Warren Ave Plymouth, MA	\$100	
4/15/25	Preeti Pabreja 166 Bay Shore Drive Plymouth MA	\$250	AVP Software Engineering Care Centrix
3/30/25	Diane Peck 16 Overlook Drive, Plymouth MA	\$100	
4/8/25	Joe Pierce 6311 Bay Club DR, Ft Lauderdale, FL	\$100	
4/10/25	Lois Post 23 Thatcher Road, Plymouth MA	\$100	
2/23/25	Margret Springer 10 Plaza Ave. , Stoneham MA 02180	\$100	
3/28/25	Ken Stone 10 Madison Ranch, Plymouth MA	\$250	Retired
2/20/25	Martha Terry 67 Nasawena Street, Falmouth MA 02540	\$250	Retired
4/15/25	Hampton Watkins1 0 Bridge Gate, Plymouth MA	\$200	Retired
Line 10: Total Receipts over \$50 (or listed above)		\$21,700	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)		\$875	
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$22,575	

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/4/25	East Coast Printing	2 Keith Way, Unit 5, Hingham, MA 02043	Campaign Signs	\$3256.56
3/4/25	Su Casa	30 Main St, Plymouth, MA 02360	Campaign Kickoff Catering	\$2330
4/25/25	East Coast Printing	2 Keith Way, Unit 5, Hingham, MA 02043	Postcard Mailings	\$4579.26
5/1/25	East Coast Printing	2 Keith Way, Unit 5, Hingham, MA 02043	Postcard Mailings #2	\$4579.26
2/7/25	East Coast Printing	2 Keith Way, Unit 5, Hingham, MA 02043	Campaign handouts, donation mail envelopes	\$535.78

SCHEDULE B: EXPENDITURES (continued)[illegible]

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** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Line 16: In-Kind Contributions over \$50 (or listed above)

Line 17: In-Kind Contributions \$50 and under (not listed above)

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1/6/25	Deborah Iaquinto	60R Warren Ave, Plymouth MA	Funding Campaign Account	\$1000
	Deborah Iaquinto	60R Warren Ave, Plymouth MA	Funding Campaign Account	\$5000
4/28/25	Deborah Iaquinto	60R Warren Ave, Plymouth MA	Funding Campaign Account	\$10,500
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				\$16,500

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
1/6/25	Wix.com 100 Gansevoort St NY, NY	\$369	Website Yearly Subscription Expense
1/6/25	Wix.com 100 Gansevoort St NY, NY	\$76.50	Wix Campaign Email address
2/1/25	Vista Print	\$327.22	Business cards, Bumper stickers
2/10/25	Wix.com 100 Gansevoort St NY, NY	\$38.25	Wix Email Marketing Campaigns
2/28/25	Special Tees 61 Summer St Kingston MA 02364	\$240	Campaign T shirts
3/8/25	Staples 131 Samoset Plymouth MA	\$5.26	Campaign Signs
3/15/25	Dirty Water Distillery 49 Cordage Park Cir, Bay 2, Plymouth, MA 02360	\$300	Campaign Kickoff Deposit
3/3/25	BJ's Wholesale 1054 Shops at 5 way Plymouth MA	56.28	paper plates and cutlery for campaign kickoff
3/10/25	Home Goods One Commerce Way Plymouth MA	29.68	kitchen accessories for campaign kickoff
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		\$1369	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		\$67.93	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$1436.93	

← Enter on page 1, line 8