Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2025 Ending Date: 04/29/2025

Type of Report: (Check one)

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

Candidate Full Name (if applicable): Deborah Rae Dugan

Office Sought and District: School Committee Plymouth

Residential Address: 11 Anchor Dr Plymouth MA

E-mail: debbyrdugan@gmail.com

Phone #: 617-939-6931

Committee Name:

Name of Committee Treasurer:

Committee Mailing Address:

E-mail:

Phone #:

2025 MAY 10 AM 9:17

RECEIVED TOWN CLERK'S OFFICE PLYMOUTH, MA

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	—
Line 2: Total receipts this period (page 3, line 12)	4,067.40
Line 3: Subtotal (line 1 plus line 2)	4,067.40
Line 4: Total expenditures this period (page 5, line 15)	2,065.81
Line 5: Ending Balance (line 3 minus line 4)	2,001.19
Line 6: Total in-kind contributions this period (page 6, line 18)	—
Line 7: Total (all) outstanding liabilities (page 7, line 19)	—
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	182.78
Line 9: 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: _____ (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: Deborah R Dugan (Candidate's signature) Date: 05/06/2025

M102 (12/2023)

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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)
3/25/25	AYLWARD, STEVE 3655 VERNON AVE ALEXANDRIA, VA 22309	$125	
4/1/25	SANDRA BRDGAN 15 TRINA'S PATH PLYMOUTH, MA 02360	$100	
4/8/25	ROBERT COLBURN 82 HIAWATHA RD PLYMOUTH, MA 02360	$50	
3/18/25	GEOFF DIEHL 10 VILLAGE WAY WHITMAN, MA 02382	$50	
3/21/25 4/11/25	JAMES DIXON 32 LYMAN ST WALTHAM MA 02452	$50 $50	
4/1/25	SCOTT DOONAN 115 SETTLER RD PLYMOUTH, MA 02360	$100	
3/4/25	DEBORAH DUGAN 24 HIGHLAND TER 2407 PLYMOUTH MA 02360	$1,000	RETIRED
3/25/25	CHRISTOPHER DUNN 92 RIVERSIDE ST WATERTOWN MA 02472	$100	
4/1/25	CHRISTOPHER FAVA 200 WATERCOURSE PL PLYMOUTH MA 02360	104.10	
4/1/25	KAREN FLAGHERTY 533 WAREHAM RD PLYMOUTH MA 02360	$100	
4/24/25	E. SCOTT GARRETT 100 POND SCHOOL RD SUSSEX, NJ 07461	$200	RETIRED
4/6/25	VIRGINIA HEALD 3 POND VIEW DR MERRIMACK NH 03054	$250	FACILITY PLANNER BAE SYSTEMS MANCHESTER, NH
4/6/25	PEYTON HINKLE 1 POND VIEW DR MERRIMACK NH 03054	$50	

Enter receipt totals on Page 3

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more
4/1/25	MARTY LAMB 57 WINGATE RD HOLLISTON, MA 01746	$36	
3/23/25	MARYKE LETTERS 1286 ARABIAN TRAIL SANTA MARIA CA 93455	$100	
4/1/25	JEFFREY LINDQUIST 11 OLD BARN RD PLYMOUTH MA 02360	$50	
4/14/25	JAMES LYONS 12 HIGHVALE LN ANDOVER, MA 01810	$100	
4/12/25	DOREEN MAHONEY 24 HIGHLAND TER, #2414 PLYMOUTH, MA 02360	$52.05	
4/1/25	LEO MARTIN 16 DIXON ST PLYMOUTH, MA 02360	$100	
3/23/25	KARI MAC RAE 41 YEARLING RUN RD BOURNE MA 02532	$50	
4/1/25	JAY MC MAHON 14 CANAL VIEW RD BUZZARDS BAY MA 02532	$50	
4/1/25	ROBERT MC NEILL 56 LISA AVE PLYMOUTH MA 02360	$100	
4/1/25	MARY NEWELL 426 LUNN'S WAY PLYMOUTH MA 02360	$50	
4/8/25	PAUL ROMUKITUS 17 CENTRE ST. WINTHROP, MA 02152	$208.20	
4/1/25	LIZ TAYLOR 8 WYNDHAM HILL DR PLYMOUTH MA 02360	$52.05	
3/29/25	JOHN UMINA 14 BENJAMIN RD BELMONT, MA 02478	$100	

Line 10: Total Receipts over $50 (or listed above)	—	* If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts $50 and under (not listed above)	—	
Line 12: TOTAL RECEIPTS IN THE PERIOD	—	← Enter on page 1, line 2

→ next page

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
3/12/25	WALTER WELD 129 MAIN ST DOVER, MA 02030	$500	RETIRED
4/1/25	ALICE ZINKEVICH PO BOX 209 SAGAMORE, MA 02561	$50	

Line 10: Total Receipts over $50 (or listed above)	3,927.40	* If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts $50 and under (not listed above)	140.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD	4,067.40	← 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 made 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
3/3/25	HOCKADAY DIGITAL	PO BOX 75 02379 W BRIDGEWATER	CAMPAIGN MANAGER	1,000
3/24/25	HOCKADAY DIGITAL	PO BOX 75 02379 W BRIDGEWATER	CAMPAIGN CONSULTING	3010/
4/1/25	PLYMOUTH PUBLIC HOUSE	2299 RT 53 02360 PLYMOUTH, MA	KICK-OFF EVENT	250.00
4/28/25	MA DEMOCRATIC STATE PARTY	55 MERRIMAC ST 5TH FLOOR BOSTON, MA	COORDINATED SERVICES	513.80

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

** If you have itemized expenditures of $50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*	Line 13: Expenditures over $50 (or listed above)	2,065.81
	Line 14: Expenditures $50 and under (not listed above)	
Enter on page 1, line 4 →	**Line 15: TOTAL EXPENDITURES IN THE PERIOD**	2,065.81

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions 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 contribution, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule H. *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	From Whom Received*	Residential Address	Description of Contribution	Value

** 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	—

Enter on page 1, line 6 →

SCHEDULE D: LIABILITIES

[illegible]

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 | Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) |

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
3/12/25	STAPLES SAMOSET ST PLYMOUTH, MA 02360	23.36	MAILING SUPPLIES
3/12/25	STAPLES SAMOSET ST PLYMOUTH MA 02360	60.57	MAILING SUPPLIES
3/12/25	USPS 100 LONG POND RD PLYMOUTH, MA 02360	73.00	STAMPS
3/4/25	WALMART 300 COLONY PL RD PLYMOUTH MA 02360	25.85	SUPPLIES

Line 20: Total Itemized Out-Of-Pocket Expenditures Over $50 (or listed above)	133.57
Line 21: Total Unitemized Out-Of-Pocket Expenditures $50 and under (not listed above)	49.21
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	182.78 ← Enter on page 1, line 8

** 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.*

*Schedule E is not for ballot question committee use.