



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: 4/20/2022

Ending Date: 5/9/2022

Type of Report: (Check one)

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

Vote No on 4 Ballot Committee	
Candidate Full Name (if applicable)	
No vote on Ballot Question 4	
Office Sought and District	
Residential Address	
E-mail:	
Phone # (optional):	

Vote No on 4	
Committee Name	
Patricia Adelmann	
Name of Committee Treasurer	
34 Stockade Path Plymouth MA 02362	
Committee Mailing Address	
E-mail: pnadelmann@gmail.com	
Phone # (optional):	

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1508.00
Line 3: Subtotal (line 1 plus line 2)	1508.00
Line 4: Total expenditures this period (page 5, line 14)	1222.70
Line 5: Ending Balance (line 3 minus line 4)	285.30
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 M. Adelmann

(Treasurer's signature)

Date: 5/11/2022

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:

(Candidate's signature)

Date: _____

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)
	SEE ATTACHED		
Line 9: Total Receipts over \$50 (or listed above)		1508.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1508.00	← Enter on page 1, line 2

Line 9: Total Receipts over \$50 (or listed above) 1508.00

1508.00

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

1508.00

← 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.

Date Received	Name	Address	Amount
			\$1,508.00
05/05/2002	Alice Cloran	79 College Pond RD Plymouth MA	\$15.00
4/27/2022	Alyse Bruneau	27 Tall Pines RD Plymouth MA	\$15.00
04/30/2022	Ann Prentice	242 Jordan RD Plymouth MA	\$15.00
04/27/2022	AnnMarie Durocher	23 Musket RD Plymouth MA	\$20.00
04/29/2022	Anthony Lindquist	59 Montgomery RD Plymouth MA	\$15.00
04/30/2022	Ben Cronin	17 Pill Hill LN Duxbury MA	\$13.00
04/30/2022	Charles Vautrain	22 River ST Plymouth, MA	\$15.00
04/30/2022	Connie Melahoures	15 Freemont St Plymouth, MA	\$15.00
04/30/2022	Dave Hill	67 Boot Pond RD Plymouth MA	\$20.00
04/29/2022	David Malaguti	42 Liberty St Plymouth MA	\$75.00
04/30/2022	Diane Harling	8 Fremont ST Plymouth MA	\$15.00
05/04/2022	Dianne Zenis	72 Boot Pond RD Plymouth MA	\$20.00
04/30/2022	Donna Eddy	5 Willard ST Plymouth MA	\$30.00
04/29/2022	Donna Lavigne	22 Tall Pines RD Plymouth MA	\$15.00
04/27/2022	Donna Owens	23 Tall Pines RD Plymouth MA	\$20.00
04/27/2022	Edward Russell	725 Long Pond RD Plymouth MA	\$50.00
4/27/2022	Elizabeth Cook	12 Tall Pines RD Plymouth MA	\$20.00
04/30/2022	Frank Mand	20 Chilton ST Plymouth MA	\$20.00
04/30/2022	Henrietta Cosentino	43 Gallows Pond Rd Plymouth MA	\$15.00
04/29/2022	Jaime Maiorano	40 South Meadow RD Plymouth MA	\$15.00
04/30/2022	Jeanne Patenaude	160 Sandwich ST Plymouth MA	\$15.00
04/27/2022	Jeff Rochette	29 Tall Pines RD Plymouth MA	\$20.00
04/30/2022	John Hammond	14 Long Pond RD Plymouth MA	\$15.00
04/30/2022	John Moran	77 Cliff ST Plymouth MA	\$20.00
04/30/2022	John Siever	22 Darling RD Plymouth MA	\$15.00
05/05/2022	Karyn Santos	259 Long Pond RD Plymouth MA	\$15.00
04/30/2022	Kate Murphy	1 Veronica RD Plymouth MA	\$20.00
04/28/2022	Kathryn Holmes	40 Sol Joseph RD Plymouth MA	\$30.00
04/30/2022	Kathy Dunn	85 Warren Ave Plymouth MA	\$15.00
04/30/2022	Kellie Gately	111 Settler RD Plymouth MA	\$50.00
04/30/2022	Ken Tavares	7 Winter St Plymouth MA	\$15.00
05/05/2022	Laurence Pizer	9 Stafford St Plymouth MA	\$15.00
04/30/2022	Liz Foley	59 James Circle Plymouth MA	\$15.00
04/30/2022	Matt Christie	215 Long Pond RD Plymouth MA	\$40.00
05/06/2022	Matthew Page	30 Clifford RD Plymouth MA	\$15.00
05/01/2022	Maureen Renaud	24 Beaver Dam RD Plymouth MA	\$60.00
04/30/2022	Max Wilensky	23 Pleasant ST Plymouth MA	\$20.00
05/06/2022	Mike Landers	51 Jan Marie Drive	\$20.00
04/30/2022	Nick Filla	900 Old Sandwich RD Plymouth MA	\$20.00
04/29/2022	Nick Oliveira	14 Roberts RD Plymouth MA	\$15.00
05/05/2002	Pat McCarthy	156 Long Pond RD Plymouth MA	\$50.00
4/26/2022	Patricia Adelmann	34 Stockade Path Plymouth MA	\$50.00
04/30/2022	Patricia Giaccaglia	33 Farnham DR Plymouth MA	\$15.00
04/28/2022	Patricia McCarthy	156 Long Pond RD Plymouth MA	\$75.00
04/28/2022	Paula McEwen	12 Baltic Ave Plymouth MA	\$15.00
05/01/2022	Phyllis Troia	627 Long Pond RD Plymouth MA	\$60.00
04/30/2022	Richard Serkey	60 Allerton ST Plymouth MA	\$50.00

04/30/2022 Rita Freuder	5 Sugarbush Lane Plymouth MA	\$50.00
04/30/2022 Robert Baker	86 Lafayette RD Plymouth MA	\$20.00
04/29/2022 Steve McEwen	30 Bourne RD Plymouth MA	\$20.00
05/06/2022 Susan Denehy	81 Rocky Hill RD Plymouth MA	\$40.00
04/29/2022 Tod Connelly	159 Long Pond RD Plymouth MA	\$15.00
04/30/2022 Tom Fugazzi	24 Clifford RD Plymouth MA	\$30.00
04/30/2022 Virginia Davis	9 Lauren Rd Plymouth MA	\$100.00
4/28/2022 Yvonne Holmes	201 Long Pong RD Plymouth MA	\$30.00

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.)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

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

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.

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.

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

0



Commonwealth
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Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/9/2022	Zabra Visuals	27 Water St Plymouth MA 02360	50 lawn signs	386.22

(Include items listed on Page 2)

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

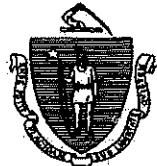
Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



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Office of Campaign and Political Finance
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Boston, MA 02108
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Date of Reimbursement: <input type="text" value="5/9/2022"/>	
Name of Individual Being Reimbursed: <input type="text" value="Alyse Bruneau"/>	
Committee Name:	<input type="text" value="Vote No on 4"/>
CPF ID Number (if applicable):	<input type="text"/>
Telephone Number (optional): <input type="text"/>	

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/9/2022	Build A Sign	11525A Stonehollow DR Suite 100 Austin TX 78758	Payment for lawn signs	\$158.46

(Include items listed on Page 2)

→ Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: **TOTAL AMOUNT REIMBURSED:**

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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Office of Campaign and Political Finance
One Ashburton Place, Room 411
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Date of Reimbursement: <input type="text" value="4/30/2022"/>	
Name of Individual Being Reimbursed: <input type="text" value="Danielle Rochette"/>	
Committee Name:	<input type="text" value="Vote No on 4"/>
CPF ID Number (if applicable):	<input type="text"/>
Telephone Number (optional): <input type="text"/>	

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/26/2022	BuildASign	11525A Stonehollow Dr Austin TX 78758	payment for lawn signs	\$460.00

(Include items listed on Page 2)

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="\$460.00"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text" value="\$460.00"/>

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.