



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: 6/12/21

Ending Date: 8/6/2021

Type of Report: (Check one)

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

Scott M. Vecchi

Candidate Full Name (if applicable)

Select Board

Office Sought and District

101 Cherry St. C-17 Plymouth, MA 02360

Residential Address

E-mail:

*Scott.VECCHI@GMAIL.COM*

Phone # (optional):

7817065726

Committee to Elect Scott M. Vecchi

Committee Name

Dax Martin

Name of Committee Treasurer

130 Camelot Dr. Suite #19 Plymouth, MA 02360

Committee Mailing Address

E-mail:

*DAXJCOM@GMAIL.COM*

Phone # (optional):

7742705292

## SUMMARY BALANCE INFORMATION:

**Line 1:** Ending Balance from previous report

1021.44

**Line 2:** Total receipts this period (page 3, line 11)

5900.00

**Line 3:** Subtotal (line 1 plus line 2)

6921.44

**Line 4:** Total expenditures this period (page 5, line 14)

3544.15

**Line 5:** Ending Balance (line 3 minus line 4)

3377.29

**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: Citizens Bank

### 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:

*8/5/21*

### 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: *8/5/21*

## 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/11/21	Barbara Blanchard 89 N. Triangle Dr. Plymouth MA 02360	500.00	Registered Nurse South Coast Health Care
6/16/21	Scott M. Vecchi 101 Cherry St. Plymouth, MA 02360	1000.00	Police Sgt. Town of Plymouth
6/18/21	A.T.U Local 1548 COPE Fund PO Box 1230 Plymouth, MA 02360	500.00	Union COPE fund
6/16/21	Brian Santos 40 Pinehills drive apt 1158 Plymouth, MA 02360	200.00	Food Broker, TryAngle Foods
6/25/21	Jennifer Bezanson 943 Brockton Ave Abington MA 02361	100.00	Billing specialist, Channel Fish Co. Braintree MA
6/25/21	Brian Bezanson 943 Brockton Ave Abington MA 02361	100.00	Abington Water Dept- Water Technician
6/22/21	George Millett 115 Sachem Rock Ave E. Bridgewater, MA 02333	200.00	Hawkeye Fence LLC
6/26/21	Lisa Bezanson 761 Randolph St. Abington, MA 02361	500.00	Indexer, Plymouth County Registry of Deeds
6/29/21	Jean Bradley Derenoncourt 15 Midland, Street Brockton, MA 02301	1000.00	Financial representative, The Moody Street Group
6/29/21	Robert Sperry 134 Antlers Shore Dr Falmouth, MA 02536	100.00	
7/1/21	Sean Horgan 10 Dow Street Somerville, MA 02144	100.00	
7/2/21	Brian Santos 40 Pinehills drive apt 1158 Plymouth, MA 02360	200.00	Food Broker, TryAngle Foods
Line 9: Total Receipts over \$50 (or listed above)		4500.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		5900.00	← 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.

**SCHEDULE A: RECEIPTS (continued)**

\* 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.)

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.

**SCHEDULE B: EXPENDITURES (continued)**

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.

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