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: Jan 4, 2024 Ending Date: Feb 1, 2024

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)	Yes on 1 Plymouth — Committee Name
Office Sought and District	Hollyce States — Name of Committee Treasurer
Residential Address	P.O. Box 264, White Horse Beach, MA 02381 — Committee Mailing Address
E-mail:	E-mail: yeson1plymouth@gmail.com
Phone # (optional):	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	4,316.3
Line 2: Total receipts this period (page 3, line 11)	1,264.8
Line 3: Subtotal (line 1 plus line 2)	5,581.1
Line 4: Total expenditures this period (page 5, line 14)	5,581.1
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	3.96
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: Hollyce H States (Treasurer's signature) Date: Feb 1, 2024

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: _____

Form CPF 102 BQ: Campaign Finance Report		2/1/2024		
Ballot Question Committee				
Office of Campaign and Political Finance				
YES ON 1 PLYMOUTH				
SCHEDULE A: RECEIPTS				
MG.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.				
Date	**Last Name**	**First Name**	**Residential Address**	**Amount**	**Occupation & Employer**
					(if > $200)
1/9/2024	Adelmann	Patricia	34 Stockade Path, Plymouth, MA 02360	51.99	
1/10/2024	Adelmann	Patricia	34 Stockade Path, Plymouth, MA 02360	51.99	
1/10/2024	Bell	Mark	6 Southview Way, Plymouth, MA 02360	25.00	
1/5/2024	Buckman	David & Frimma	36 Timberlane, Plymouth, MA 02360	40.00	
1/11/2024	Hall	Betsy	45 West Long Pond Road, Plymouth, MA 02360	50.00	
1/17/2024	Hammond	John	14 Langford Road, Plymouth, MA 02360	25.00	
1/6/2024	Hanlon	Michael	2 Wayside Path, Plymouth, MA 02360	100.00	
1/10/2024	Hines	George	5 Corwin Grove, Plymouth, MA 02360	26.25	
1/4/2024	Iaquinto	Deborah	60R Warren Avenue, Plymouth, MA 02360	50.00	
1/5/2024	Langbehn	Valerie	34 Rosebay Lane, Plymouth, MA 02360	100.00	
1/13/2024	Lesueur	Mary	7 Bay Colony Drive, Plymouth, MA 02360	50.00	
1/5/2024	Mayo	Anthony	P.O. Box 1121, Manomet, MA 02345	40.00	
1/4/2024	Melahoures	Constance	15 Fremont Street, Plymouth, MA 02360	25.00	
1/10/2024	Oliveri	Andrew	33 Cross Wind, Plymouth, MA 02360	21.10	
1/4/2024	Peel	Barbara	P.O. Box 522, Otis, MA 01253	51.99	
1/5/2024	Serkey	Richard	60 Allerton Street, Plymouth, MA 02360	103.48	
1/10/2024	Slote	David	21 Champlain Circle, Plymouth, MA 02360	21.10	
1/10/2024	Stuart	Jeffrey	24 Division Avenue, Summit, NJ 07901	100.00	
1/6/2024	Stueck	Anne & Philip	19 Bearberry Street, Plymouth, MA 02360	50.00	
1/10/2024	Sullivan	Cynthia	7 Red Leaf, Plymouth, MA 02360	26.25	
1/6/2024	Tosi	Paul & Donna	3 Gould Road, Plymouth, MA 02360	100.00	
1/6/2024	Vickstrom	William & Cynthia	11 Ashberry Street, Plymouth, MA 02360	50.00	
1/4/2024	Watkins	Hampton	360 Payson Road, Belmont, MA 02478	100.00	
1/10/2024	Westberg	Cliff	1 Village Green North, Suite 122, Plymouth, MA 02360	5.65	
Line 9: Total Receipts over $50 (or listed above):				1,264.80	
Line 10: Total Receipts $50 and under (not listed above):					
Line 11: TOTAL RECEIPTS IN THE PERIOD:				1,264.80	

YES ON 1 PLYMOUTH		2/1/2024		
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.				
Date Paid	**To Whom Paid**	**Address**	**Purpose of Expenditure**	**Amount**
	(alphabetical listing)			
1/25/2024	Andrea Dickinson	22 Ellisville Drive, Plymouth, MA 02360	Expense reimbursements*	742.00
1/4/2024	East Coast Printing	2 Keith Way, Unit 5, Hingham, MA 02043	Mailers	3,856.49
1/12/2024	East Coast Printing	2 Keith Way, Unit 5, Hingham, MA 02043	Signs	956.25
1/4-1/10/2024	PayPal	221 North First Street, San Jose, CA 95131	Donation transaction fees	26.36
			Total	5,581.10
*Reimbursements for the following expenses incurred:				
Date	**To Whom Paid**	**Address**	**Purpose of Expenditure**	**Amount**
11/9-10/2023	Dickinson, Andrea	22 Ellisville Drive, Plymouth, MA 02360	Signs purchased at Staples - Hazardous Waste Day	93.70
11/10/2023	Dickinson, Andrea	22 Ellisville Drive, Plymouth, MA 02360	Website hosting fees - Bluehost.com	154.68
12/5/2023-1/12/2024	Dickinson, Andrea	22 Ellisville Drive, Plymouth, MA 02360	Marketing - Meta ads	244.73
11/9-12/27/2023	Dickinson, Andrea	22 Ellisville Drive, Plymouth, MA 02360	Marketing design costs - Fiverr (of $410.45 total spent)	248.89
Line 12: Total Expenditures over $50 (or listed above):				5,581.10
Line 13: Total Expenditures $50 and under (not listed above):				0.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD:				5,581.10

YES ON 1 PLYMOUTH		2/1/2024		
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**
1/4-1/26/2024	States, Hollyce	7 White Pine Lane, Plymouth, MA 02360	Additional postage for donation thank you letters	3.96
			Total	3.96
Line 15: In-Kind Contributions over $50 (or not listed above):				3.96
Line 16: In-Kind Contributions $50 and under (not listed above):				0.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS: THIS PERIOD:				3.96

YES ON 1 PLYMOUTH		2/1/2024		
SCHEULE D: LIABILITIES				
MG.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.				
Date Incurred	**To Whom Due**	**Address**	**Purpose**	**Amount**
			Total	0.00
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL):				0.00