



Commonwealth  
of Massachusetts

STATE 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: 1/1/2024 Ending Date: 12/31/2024

Type of Report: (Check one)

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

Vedna K Heywood

Candidate Full Name (if applicable)

Plymouth Select Board *School Committee*

Office Sought and District

9 Nathan Lane, Plymouth, MA 02360

Residential Address

E-mail: vklacombe@gmail.com

Phone #: 954-461-9212

Committee to Elect Vedna Heywood

Committee Name

Patricia N Adelmann

Name of Committee Treasurer

34 Stockade Path, Plymouth, MA 02360

Committee Mailing Address

E-mail: pnadelmann@gmail.com

Phone #: 617-838-7665

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

744.51

Line 2: Total receipts this period (page 3, line 12)

0

Line 3: Subtotal (line 1 plus line 2)

744.51

Line 4: Total expenditures this period (page 5, line 15)

175.00

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

569.51

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

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:

Patricia N. Adelmann

(Treasurer's signature)

Date: 1/17/2025

#### 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: 1/20/2025

**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 D. *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
1/11/24	QR 10	9450 SW Gemini Dr. Beaverton, OR 97008	monthly fee for QR code	\$35
2/11/24	QR 10	9450 SW Gemini Dr. Beaverton, OR 97008	monthly fee for QR code	\$ 35
3/11/24	QR 10	“	“	\$35
4/11/24	QR 10	“	“	\$35
5/11/24	QR 10	“	“	\$35
		“	“	

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
<i>* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.</i>		Line 13: Expenditures over \$50 (or listed above)		\$175
		Line 14: Expenditures \$50 and under (not listed above)		
Enter on page 1, line 4 →		<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>		\$175