



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK, ROCKLAND
JUN 26 '23 AM 9:30

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/1/23 Ending Date: 4/30/23

Type of Report: (Check one)

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

JOSEPH J. AMBROSE, JR
Candidate Full Name (if applicable)
SELECTMAN ROCKLAND
Office Sought and District
102 PLAIN STREET ROCKLAND
Residential Address
E-mail: JAJR@ACMEWP.COM
Phone # (optional): 781-206-9706

COMMITTEE TO ELECT JOSEPH JR.
Committee Name
RENATU TUFFY
Name of Committee Treasurer
102 PLAIN ST ROCKLAND
Committee Mailing Address
E-mail: RTUFFY@ACMEWP.COM
Phone # (optional): 781-831-5254

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0.00

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

2,322.33

Line 3: Subtotal (line 1 plus line 2)

2,322.33

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

2,322.33

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

0.00

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

852.33*

Line 7: Total (all) outstanding liabilities (page 7)

0.00

Line 8: Name of bank(s) used:

TD BANK, QUINCY

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: 4/24/23

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: 4/26/23

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.)

[illegible]

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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.

MAHER	CLARE & FRANCIS	58 CUSTER STREET, ROCKLAND MA			\$50.00	CHECK
A & L CONSTRUCTION		100 CONIFER HILL DRIVE, SUITE 512, DANVERS MA 01923		BUILDER	\$500.00	CHECK
MAHER	KATHLEEN & MICHAEL	96 COLE ROAD, CORNISH, ME 04020			\$50.00	CHECK
BARRETT	KELLY	20 TROTTER ROAD, #206, SOUTH WEYMOUTH, MA 02190			\$150.00	CHECK
	CASH				\$50.00	CHECK
O'CONNELL	JOHN & SUSAN	32 CLIFF STREET, ROCKLAND MA 02370			\$100.00	CHECK
FOLEY	PATRICIA & THOMAS	23 BELMONT STREET, ROCKLAND MA 02370			\$50.00	CHECK
RYAN	LARRY & MARY	121 CONCORD STREET, ROCKLAND, MA 02370			\$50.00	CHECK
ULMSCHNEIDER	SUSAN	6 WINTER CIRCLE, ROCKLAND MA 02370			\$50.00	CHECK
MURPHY	PATRICIA	41 HOBART LANE, ROCKLAND MA 02370			\$100.00	CHECK
BECKWITH	CHRISTOPHER	PO BOX 575, BRYANTVILLE, MA 02327			\$100.00	CHECK
BIGGINS	DANIEL	35 HERITAGE DRIVE, ROCKLAND MA 02370			\$100.00	CASH
WILEY	BRIAN & BETSY	45 BEACH AVENUE, KENNEBUNK, ME 04043			\$100.00	CASH
HEALY	JILL	1033 FORTYTH DRIVE, ABINGTON MA 02351			\$20.00	CASH
AMBROSE	SUSAN	30 WINTER CIRCLE, ROCKLAND MA 02370			\$852.33	TRC*
					\$2,322.33	

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.)

[illegible]

* 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)[illegible]

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

PAID ORIGINALLY BY SUE AMBROSE

SIGNS	3/15/2023	\$2,100.00
USPS	3/29/2023	\$71.13
USPS	4/3/2023	\$63.00
USPS	4/3/2023	\$88.20
		\$2,322.33

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)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		

* 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.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	

6/26/2023	AMBROSE, SUSAN	30 WINTER CIRCLE, ROCKLAND MA 02370	PREPAID EXPENSES/DONATED REMAINING AMOUNT	5852.33
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