TOWN CLERK, ROCKLAND
APR 16 '25 PM 1:25

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: 3/12/25 Ending Date: 4/15/25

Type of Report: (Check one)

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

Peter Ewell
Candidate Full Name (if applicable)

Park Commissioner
Office Sought and District

298 Webster St.
Residential Address

E-mail:

Phone #: 781-706-9616

Committee to Elect Peter Ewell
Committee Name

Deirdre Thibault
Name of Committee Treasurer

274 Webster St
Committee Mailing Address

E-mail:

Phone # : 617-930-6731

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	0
Line 2:	Total receipts this period (page 3, line 12)	2160 —
Line 3:	Subtotal (line 1 plus line 2)	2160 —
Line 4:	Total expenditures this period (page 5, line 15)	1038.08
Line 5:	Ending Balance (line 3 minus line 4)	1121.92
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: Deirdre Thibault (Treasurer's signature) Date: 4/15/25

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: 4/15/25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over $50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor o 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.
ttach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
4/3	Jay Ayrez-Rockland	40-	
4/3	J. Bodio-Rockland	40-	
4/3	Denise Bosworth-Rochester	60-	
4/1	Judy Cusick-Rockland	25-	
4/3	Adam Carmichael-Dedham	20-	
4/3	C. Childs-Rockland	10-	
4/3	L. childrs- Rockland	25-	
4/3	Liz Cura-Rockland	50-	
4/4	Robert Corvi-Rockland	100-	
4/3	Daniel Donahue-Rockland	40-	
4/3	Dave Decourcy-Rockland	40-	
4/3	Patricia Foley-Rockland	50-	
4/3	Judy Hartigan Rockland	50-	
4/3	Veronica Manykent-Scituate	1000-	Alletess Medical Lab-owner
4/3	Tracy Larsen-whitman	20-	
4/3	Brian Martin Rockland	50-	
4/3	Stere Murphy-Rockbd	50-	
4/3	Bob Mahoney Rockland	40-	
4/3	Jeff Najarian Rockland	20-	

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
4/3	Debbie O'Brien-Rockland	20-	
4/3	Steve ODonnell-Rockland	20-	
4/3	Rich Penny-Rockland	60-	
4/3	Joe Reis-Rockland	40-	
4/3	Mary Ryan- Rockland	50-	
4/3	Cheryl Rocha-Rockland	60-	
4/3	Peter Reardon Norwell	50-	
4/3	Maureen Shirock-Rockland	70-	
4/3	Steven Shirock Rockland	20-	
4/3	Scott Woodward-Rockland	40-	

Line 10: Total Receipts over $50 (or listed above)	2160-	** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*
Line 11: Total Receipts $50 and under (not listed above)		
Line 12: TOTAL RECEIPTS IN THE PERIOD	2160-	← Enter on page 1, line 2

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 E. *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
3-12-25	Printing unlimited	63 Plymouth St, Holbrook	carriage signs	$472.81
4/12/25	Dina's Pizza	930 Hingham St, Rockland	lunch for polling committee volunteers	70.00
3/16/25	Home Depot	1149 Hingham St. Rockland	strapping for signs	31.46
4/3/25	Players sports Bar	86 VFW Drive Rockland	Food / Room for meet & greet	295.81
4/7	Post Office	39 Webster St. Rockland	postage for postcards	168.00

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

** If you have itemized expenditures of $50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over $50 (or listed above)	1038.08
Line 14: Expenditures $50 and under (not listed above)	
Line 15: TOTAL EXPENDITURES IN THE PERIOD	1038.08

Enter on page 1, line 4 →

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over $50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor of $50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/1/25	Judith Cusick	83 Stanton St Rockland	$ check.	25-
4/3/25	Veronica MaryKarl	189 Hatherly Rd. Scituate MA	$ Check	1000-
4/3/25	Maureen Shiadk	191 Webster St Rockland	$ CASH	70-
4/3/25	Judy Harrigan	57 Emerson St Rockland	$ Check.	50-
4/3/25.	Brian Martin.	57 Winter Terrace Rockland MA.	$ Check.	50-
4/3/25	Sue Reis	116 Huggins Rd Rockland.	$ CASH	40-
4/3/25	Denise Bosworth	11 Hathaway Rd Circle Rochester	$ CASH.	60-
4/3/25.	Mary Ryan.	24 Concord St Rockland.	$ CHECK.	50-
4/3/25.	Debbie O'Brien	ROCKLAND	$ CASH.	20-
4/3/25	Adam Carmichael.	DEDHAM	$ CASH.	20-
4-3-25	Daniel Donahue	ROCKLAND	CASH	40-
4-3-25	PATRICIA FOLEY	ROCKLAND	CHECK	50-

** If you have itemized in-kind contributions of $50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Line 16: In-Kind Contributions over $50 (or listed above)	
Line 17: In-Kind Contributions $50 and under (not listed above)	0
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	

Enter on page 1, line 6 →

Committee Name: _____ Page: _____

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.

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.

Committee Name: _____ Page: _____

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.

Committee Name: _____ Page: .

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

Enter on page 1, line 4 →

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

Committee Name: _____ Page: _____

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 (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

Enter on page 1, line 4 →

* 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 E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *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	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure

Line 20: Total Itemized Out-Of-Pocket Expenditures Over $50 (or listed above)	
Line 21: Total Unitemized Out-Of-Pocket Expenditures $50 and under (not listed above)	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	

** If you have out-of-pocket expenses of $50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.*

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTANDING LIABILITIES (ALL)**		