

TOWN CLERK, ROCKLAND CPF M 102: Campaign Finance Report APR 16 '25 PM 25 M CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachu	setts	File with: City or Town Clerk or Election Commission				
Fill in R	eporting Period dates: Beginning Date:	12 25 Ending Date: 4/15/25				
Type of	Report: (Check one)	7/				
■ 8th day	y preceding preliminary 8th day preceding election	30 day after election year-end report dissolution				
2 E-mail:	Candidate Full Name (if applicable) Office Sought and District Residential Address	Committee Name Committee Name Committee Name Committee Treasurer Committee Mailing Address E-mail:				
Phone #:	71-7010-9616	Phone #: 1017-9(3)-10731				
	10, 100 14.4	4.7 700 4707				
	SUMMARY BALANC	E INFORMATION:				
	Line 1: Ending Balance from previous report	0				
	Line 2: Total receipts this period (page 3, line 12)	2/60-				
	Line 3: Subtotal (line 1 plus line 2)	2/60 -				
	Line 4: Total expenditures this period (page 5, line 15)	1038.08.				
	Line 5: Ending Balance (line 3 minus line 4)	1/2/,92				
	Line 6: Total in-kind contributions this period (page 6, 1	line 18)				
	Line 7: Total (all) outstanding liabilities (page 7, line 19	9)				
	Line 8: Total out-of-pocket expenses this period (page 8	l, line 22)				
	Line 9: Name of bank(s) used:	and Irust				
I certify that I activity, inclu finance activi		of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:				
FOR CAN	FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
I certify activity, incurred	of all persons acting under the authority or on behalf of this committee in acc any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.				
I certify finance a	ate without Committee that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the scandidate in accordance with the requirements of M.G.L. c. 55.				
Signed under	r the panelties of pariury	(Candidate's signature) Date: 4/5/05				

SCHEDULE A: RECEIPTS

4.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 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

It ach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

	Name and Residential Address Name and Residential Address Occupation & Employer						
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)				
4/3	Jay Ayrez-Rockland	40-					
7/3	J. Bodio ROCKland	70					
413	Denise Bosworth-Rochesta Judy Cusick-Ruckland	25-					
4/3	Adam Carmichael Dedh						
4/3	C. Childs-Rockland	10-					
4/3	L. Childrs-Rockland L12 Cura-Rockland	a5- 50-					
713	D / . N > 0 - 111 1						
44	Robert Corn Rockland Daniel Donahue-Rock	100- ad 40-					
11/2	Dave De courcy-Rockhill	40-					
43	Patricia Foley Rockland	11					
4/3	Judy Hartigan Rocklan	50-					
43	Veropica ManyKent-Scituale	1000-	Alletess Medical Lab-Owner				
43	Tracy Larson-whitman	20-					
413	Brian Martin Rocklar	150-					
43	Stere Murphy-Rockbal	50_					
43	Bob Mahoney Rockhy	40-					
43	Jeff Najarian Rocklon	20-					

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-Rocklar	120-			
4/3	Steve ODonnel-Ray	ind 20-			
4/3	Rich Penn Y-Rockly	160-			
4/3	JOE Reis-Rockland	40-			
43	Many Ryan-Rockland	50-			
4/3	Cheryl Rocha-Rockland	(eO_			
43	Peter Reardon Norwel	50-			
43	Mauren Shirock-Rad	L70-			
43	Steven Shirack Rock	J 20-			
43	Scott Woodward-Rackle	40-			
	ipts over \$50 (or listed above)	2160-	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11		
	Line 11: Total Receipts \$50 and under (not listed above) Should include only those receipts not itemized above. Line 12: TOTAL RECEIPTS IN THE PERIOD 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 Pyrouth St. Habrook	caridage signs	412,81
4/12/25	Dina's pizza	930 Hinghamst, Rockland	lunen for polling	70.00
3/16/25	Home Depot.	1149 Hingham St.	strapping for	31,46
4/3/25	Players Sports Bar	86 VPWDnre Rockland	Food/Room for meet + greet	295.81
4/7	Post Office	39 Webster 4. Reckland	postage for postcards	168.00
				F .

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I ald	(arphasotical assemb)			
		ь		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	e itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	1038.08
should include	de only those expenditures not	Line 14: Expenditures \$50 and u	under (not listed above)	
	itemized above.			1038.08
	Enter on page 1, line $4 \rightarrow$	Time 12: 101AL EXPENDIT	OKES IN THE PERIOD	11000081

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.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 ddition, 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 nd 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 eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Bate Received From Whom Received Residential Address Description of Contribution Value 4/1/25 Judith Cusick 83 Stanton St. B check 000- 4/3/25 Many Ren Shall 191 Webster & CASH DO 4/3/25 Devian Martin Roughthan 184 Check 50- 4/3/25 Devian Martin Roughthan 184 CASH 40- 4/3/25 Devian Para Horizon Rockland Address Description of Contributions of Sto and under, include them in line 16. Line 17 should include only those expenditures not itemized above) Enter on page 1, line 6- Enter on page 1, line 6- Enter on page 1, line 6- Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		or committee name and a-page number on			
H305 Deconica Marykart 89 Hathering R. Ocheck 1000- 4/3/35 Maureen States 191 Webster 4 A CASH D- H365 Tudy Hartigan The Rockland A CASH D- 1/3/36 Brian Martin Rockland A CASH HORECK. D- H3 25 Denise Driven Rockland A CASH HORECK. D- H3 25 Denise Driven Rockland A CASH HORECK. D- H3 25 Denise Driven Rockland A CASH HORECK. D- H3 25 Debic OBTEN Rockland A CASH. DO- H3 25 Denised Denise Rockland B CASH. DO- H3 25 Denised Down Hore Rockland B CASH. DO- H3 26 Denised Horecomplex B CASH. DO- H3 27 Denised B CASH. DO- H3 28 Denised B CASH. DO- H3 2	Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/3/25 Maureen Stable 191 Webster & CASH DO- HIS B July Hartigan J. Bockland & CASH DO- 2/3/25 Brian Martin - Royclatter Janua & Check Bo- HIS B Dura Reis Regard & CASH HO- HIS B Denis Brisa Martines Reservation & CASH HO- HIS B Denis Brisa Martines Reservation & CASH HO- HIS B Denis Brian By Concord & CHECK BO- HIS B Debbie OBTEN Bockland & CASH DO- HIS 25 Adam Carmonal. Deptan & CASH DO- HIS 25 Adam Carmonal. Deptan & CASH DO- HIS 25 Adam Carmonal. Deptan & CASH DO- HIS 25 Patricia Folia Reckland CASH HO- HIS 25 Patricia Folia Time 16 Line 17: In-Kind Contributions \$50 and under (not listed above) Line 17: In-Kind Contributions \$50 and under (not listed above) Line 17: In-Kind Contributions \$50 and under (not listed above)	4/1/25	Tudith Cusick	83 Stanton St.	\$ check.	25-
H3B5 July Harigan J. Bolk and A Crest John H3B5 Denie Brisa Haring Market A Check. 50— H3B5 Denie Brisa Haring Market A CASH HO- H3B5 Denie Brisa Market Brisand A CASH LOO H3B5 Denie Brisa Market	4/3/25	Yezoni ca Many Kart	189 Hatherly Rd. Seituate MA	# Check	1000-
H3 25 Devis Reis H3 25 Devis Reis H4 3 26 Devis Bren H3 26 Devi	4/3/25	Maureen Shoot		# CASH	70-
H325 Bryan Reis H4325 Denix Bryan H325 Denix Bryan H325 Denix Bryan H325 Debic OBTEN Ackland H325 Alam Camdad DEDHIM Beckland H326 Deptim H327 Alam Camdad DEDHIM Beckland CASH H0- H326 Deptim Beckland CASH H0- H327 Patricia Folicy Reckland CHeck Deckland Line 16: In-Kind Contributions over \$50 (or listed above) Line 17: In-Kind Contributions \$50 and under (not listed above) Line 17: In-Kind Contributions \$50 and under (not listed above)	4/3/25	Judy Harrigan	57 Emeron &	A Check.	50-
H32 Denise Brown II fathway Brown A CASH. 13 6. Many Ryan. By Concord & CHECK. 50- H325 Aum Carmada. Deptiam BCASH. 20- H325 Aum Carmada. Deptiam BCASH. 20- H326 Denise Dona Hore Reckland CASH. 20- H327 PATRICIA FOLEY RECKLAND CASH. 40- * 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 17: In-Kind Contributions \$50 and under (not listed above)	4/3/25.	Brian Martin	Rockand MA.	W. # Check.	50-
H3 25 Many Ryan. By Concord & CHECK. 50— H3 25 Alam Carmadal. DEDHIM & CASH. 20— H-3 26 DENEL DONA HUE ROCKLAND CASH. 40— 4-3-25 PATRICIA FOREY ROCKLAND CHECK SO— * 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 17: In-Kind Contributions \$50 and under (not listed above)	4/3/25	SupeReis	He HugginsRd	# CASH	40-
* If you have itemized in-kind contributions of should include only those expenditures not itemized above. DEDHIAM DEDHIAM DEDHIAM DEDHIAM DEDHIAM CASH. 20- Reckland CASH. CASH. CASH. CASH. CASH. Line 16: In-Kind Contributions over \$50 (or listed above) Line 17: In-Kind Contributions \$50 and under (not listed above)	4325	Denise Brygon	11 Hathaway Pord	# CARH-	60
* If you have itemized in-kind contributions of should include only those expenditures not itemized above. DEDHIAM DEDHIAM DEDHIAM DEDHIAM DEDHIAM CASH. 20- Reckland CASH. CASH. CASH. CASH. CASH. Line 16: In-Kind Contributions over \$50 (or listed above) Line 17: In-Kind Contributions \$50 and under (not listed above)	43/25.	Many Ryan.	By Concord & 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. Keckland Check 50 -	4325.	Debbie OBrien	BOCKLAND	\$CA8H.	20-
* 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)	4325	Adam Carmahal	DEDHAM	\$ CASH.	20-
* 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)	4.326	DENIEL DONA HUE	ReckLAND	CASAX	40-
\$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above. Line 17: In-Kind Contributions \$50 and under (not listed above)	4:3:25	PATRICIA FOLEY	RECKLAND.	CHrck	<i>5</i> 0 -
should include only those expenditures not itemized above. Line 17: In-Kind Contributions \$50 and under (not listed above)			Line 16: In-Kind Contributions ove	r \$50 (or listed above)	
Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		ude only those expenditures not	Line 17: In-Kind Contributions \$50	and under (not listed above)	8
		Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTI	RIBUTIONS IN THE PERIOD	

year. Committees mu		eported, in alphabe ceipts, but need onl	etical order, for all receipts over \$50 in a calendar by itemize those receipts over \$50. In addition, the
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	4	Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under, include them in lin	e 9. Line 10 shoul	d include only those receipts not itemized above.

Committee Name:

	SCHEDULE A: R	ECEIPTS (co	ntinued)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	sipts \$50 and under* (not listed above)	4	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemized	1 receipts of \$50 and under, include them in line	9. Line 10 shou	ld include only those receipts not itemized above.

Committee Name:

Page:

Committee Name:		ULE B: EXPENDITURES (c	ontinued)	Page:
	SCHEDU	LE D. EAI ENDITORES (C	Purpose of Expenditure	
Date Paid	To Whom Paid (alphabetical listing)	Address	(include CPF ID# if a contribution to another committee)	Amount
			Wallend Committee)	
				[
		Line 12: Expenditures over \$50) (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES 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.

Committee Name:							
	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 letailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together,						
from committee rec	cords, and reported on line 13. To Whom Paid		Purpose of Expenditure				
Date Paid	(alphabetical listing)	Address	(include CPF ID# if a contribution	Amount			
			to another committee)				
		Line 12: Total Expenditures ov	ver \$50 (or listed above)				
		Line 13: Total Expenditures \$5	0 and under* (not listed above)				
	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 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
(or listed above)	ed Out-Of-Pocket Expenditures Over \$50 nized Out-Of-Pocket Expenditures \$50 and 7e)		* 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.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	1	← Enter on page 1, line 8

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
		Line 10: TOTAL OUTSTANI		

Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)