



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

2021 MAY 14 AM 8:44  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/2/2021 Ending Date: 5/10/2021

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Lisa Laprade  
Candidate Full Name (if applicable)  
School Committee Dedham, MA  
Office Sought and District  
14 Preston St Dedham, MA 02026  
Residential Address  
Telephone Number (optional): 617-593-7420

CTE Lisa Laprade  
Committee Name  
Andrea Griffin  
Name of Committee Treasurer  
12 Benjamin St Dedham, MA 02026  
Committee Mailing Address  
Telephone Number (optional): 617-281-7377

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 3367.73</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 460.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 3827.73</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 3554.63</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 273.10</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>—</u>
Line 8: Name of bank(s) used:	<u>Dedham Savings</u>

**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: Andrea Griffin (Treasurer's signature) Date: 5/10/21

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**  
 **Candidate with Committee and no activity independent of the 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.  
 **Candidate without Committee OR Candidate with independent activity filing separate report**  
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 committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: Andrea Griffin (Candidate's signature) Date: 5/10/2021

## 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/1/2021	John + Christine Bethoney 15 Wentworth St. Dedham	\$ 100.00	
4/2/2021	Joe Borsellino 601 High St Suite 200 Dedham	\$ 30.00	
4/1/2021	Joe Heister 27 Meadow St Dedham	\$ 25.00	
4/2/2021	Rosemarie Pacella 150 Rumford Ave Mansfield	\$ 100.00	
4/1/2021	Peter Smith 18 Westfield Drive Dedham	\$ 105.00	
3/3/2021	Tracy White 80 Wildwood Dedham MA	\$ 100.00	
Line 9: Total Receipts over \$50 (or listed above) & under		460.00	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		460.00	← 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)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>

**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 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/7/2021	Act Blue	366 Summer St Somerville, MA	Fees for donation collection	211.54
4/12/2021	Lauren Perna	6 Bates Ct Dedham, MA	Communication & Marketing	500.00
4/12/2021	Dedham Times	395 Washington St Dedham, MA	Ads	468.00
4/17/2021	Lisa Laprade	14 Preston St Dedham, MA	Reimbursement see CPF-M	2379.09

Line 12: Total Expenditures over \$50 (or listed above)	3554.63
Line 13: Total Expenditures \$50 and under* (not listed above)	—
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>3554.63</b>

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. Page 4



## Form CPF R 1 : Itemization of Reimbursements

### Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:           Lisa Laprade          

Committee Name:           Committee to Elect Lisa Laprade           CPF ID #: \_\_\_\_\_

Amount of Reimbursement:           \$2375.09          

Date of Reimbursement:           April 17, 2021          

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount
3/17/21	Staples Dedham	Photo Copies for mailer & envelopes	\$120.28
3/25/21	Standard Modern Company	Postcard mailer printing & postage	\$1668.98
3/20/21	United States Postal Service Dedham	Stamps	\$220.00
3/22/21	Staples Dedham	Photo copies for mailers	\$172.44
4/6/21	Staples Dedham	photo copies for mailers	\$62.69
4/7/21	United States Postal Service Dedham	Stamps	\$55.00
4/5/21	Staples Dedham	photo copies for mailer	\$75.70
		Expenditures in excess of \$50 (listed above)	
		Expenditures \$50 and under (not listed above)	
		<b>TOTAL AMOUNT REIMBURSED</b>	<b>2375.09</b>

Signed under the penalties of perjury:

          Andrea [Signature]            
Signature of Candidate/Treasurer

          5/8/2021            
Date

Please use a separate sheet for each reimbursement check issued.

