

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

of Massachusetts	File with City of Town Clerk by Blection Commission
Fill in Reporting Period dates: Beginning Date: 01/01	Ending Date: 3/28/2021
Type of Report: (Check one)	the contribution and strain, the state of th
☐ 8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution
Lisa Farnham	Committee to Elect Lisa Farnham
Candidate Full Name (if applicable)	Committee Name
Parks & Rec Commission Office Sought and District	Lisa Ansty Name of Committee Treasurer
95 Hillsdale Road, Dedham, MA 02026	181 Court Street, Dedham, MA 02026
Residential Address	Committee Mailing Address
E-mail: Ifarnham138@gmail.com	E-mail: lisa.ansty@gmail.com
Phone # (optional):	Phone # (optional): (781) 696-6384
SUMMARY BALANC	TE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	5,265.4
Line 3: Subtotal (line 1 plus line 2)	5,265.4
Line 4: Total expenditures this period (page 5, line	e 14) 3,483.18
Line 5: Ending Balance (line 3 minus line 4)	1,782.22
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Bank of America	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: $3/29/2021$
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
	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.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the

(Candidate's signature)

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.)

	Please include your committee name and a pa Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Received	(aiphabetical listing required)	Amount	(101 contributions of 5200 of more)
	SEE ATTACHED		
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ine 9 Total Recei	pts over \$50 (or listed above)	4,694.4	
	pro orei do de la instea acción	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	571	
	r		
ne 11: TOTAL I	RECEIPTS IN THE PERIOD	5,265.4	← Enter on page 1, line 2
		L	d include only those receipts not itemized above

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

	The second secon		AS 01 3/ 20/ 2021			į	Receipts over 550.00	
RECEIVED		NAME and Residential Address (Alphabetical List Required)	ss (Alphabetical List R	equired)			Occupation and Employer	yer
Last	First	Address	Clty	State	ZIP	Amount	Occupation	Employer
3/7/2021 Ansty	Lisa	181 Court Street	Dedham	MA	02026	₩	55,55	
2/8/2021, Ansty	Lisa	181 Court Street	Dedham	MA	92020	₩	50.00	
3/10/2021 Black	Stephen and Amy	165 Adams Street	Dedham	MA	02026	\$\$	55.55	
2/21/2021 Borsellino	Joseph	55 Barrows St	Dedham	MA	97070	ψ,	100.00	
2/23/2021 Carlofiles	Patricla	218 Central Ave	Dedham	MA	02026	1/3 -	100.00	
2/24/2021 Civian	Frederick	24 Spruce Street	Dedhan	MA	02026	40	50.00	
2/21/2021 Connolly	Ted	60 Highland Street	Dedham	MA	02026	1/1	20.00	
3/1/2021 D'Amico	Joseph	315 Mt. Vernon St	Dedham	MA	02026	•^	20.00	
3/8/2021 DeCaro	Christopher	7 Crest Drive	Middleboro	MA	02346	₩	55,55	
2/20/2021 Donati	Josh	98 Wentworth St	Dedhan	MA	02026	454	20.00	
3/24/2021 Duhaime	Dianne	25 Carmine Ab	Foxboro	MA	02035	w	50.00	
2/16/2021 Duncan	Meg	51 Marth Bates Street	Dedham	MA	02026	45	100.00	
3/8/2021 Duncan	Meg	51 Martin Bates Street	Dedham	MA	02026	w		
2/19/2021 Emery	Beth	44 Sawyer Dr	Dedham	MA	02026	w		Senior IT Site Services Sper Parexel International
2/25/2021 Farnham	ce3	95 Hillsdale Road	Dedham	MA	02026	vs		at Blue Cross/Blue Shield
3/17/2021 Famham	Lisa	95 Hillsdale Road	Dedham	MA	02026	₩.	500.00 Sr. Outreach Consultant	
3/20/2021 Farnham	Lisa	95 Hillsdale Road	Dedham	MA	02026	₩	400.00 Sr. Outreach Consultant	at Blue Cross/Blue Shield
1/29/2021 Farnham	E;i,	95 Hillsdale Road	Dedham	MA	02026	₩	100.00	
2/18/2021 Francis	Anne	86 Durham Road	Dedham	MA	02026	₩	100.00	
	Rita	116 Sean Circle	Coventry	Ե	06238	v,	200.00 Owner/Business Manager Self	ger Self
	Maryanne	31 Grace rd	Braintree	ΜΆ	02184	₩.	55,55	
3/9/2021 Grullon	Carol	14729 Heronglen Dr	Lithia	교	33547	٠	55.55	
3/8/2021 Hache	Michelle	130 Gainsville Road	Dedham	ΝΆ	02026	₩	55.55	
3/22/2021 Hart	Nicole	39 Highland Street	Dedham	ΜA	02020	t/s	50.00	
2/20/2021 Hickey	Virginia	264 East	Desham	ΝΆ	02026	s	50.00	
3/26/2021 Klaus	Colleen	540 Washington St	Dedham	MA	02026-4444	₩	50.00	
2/21/2021 Ledda		32 Harris Street Apt 402	Dedham	MA	02026	w	100.00	
2/21/2021 MacDonald		102 Taylor Ave	Dedham	MA	02027	₩	200.00 Executive Director	Life Science Cares
3/11/2021 Martin	Gemma	202 Bonham Road	Dedham	MA	02026	43	100.00	
2/16/2021 O'Neil	Kathleen	25 Woodlawn Street	Dedham	MA	92020	₩	75.00	
3/10/2021 Palermo	Ann	94 alden st	Dedham	MA	02020	₩	55.55	
2/24/2021 Pape	Jonathan	276 Sprague Street	Dedham	MA	02026	us	50.00	
3/8/2021 Peasley		185 pickett rd	Plainfield	บ	06374	₩	100.00	
2/21/2021 Persson Reilly	iliy Michelle	32 Rosen Rd.	Dedham	MΑ	02026-6244	w	50.00	
2/22/2021 Porter	Jessica	4 Willow St	Dedham	MA	02026	₩	50.00	
3/12/2021 Ryan	Christine	57 Oakdale Ave	Dedham	MA	02026	s,	50.00	
2/22/2021 Sims	Laurence	621 Championship Dr	Oxford	ប	05478	₩	200,00 Not Employed	Not Employed
3/8/2021 Sims	Beverly	61 Northwood Rd	Storrs	Ե	06268	₩	100.00	
3/21/2021 Smegal	Sarah	150 Monroe Street	Dedham	MA	02026	w	75.00	
2/20/2021 Smegal	Sarah	150 Monroe Street	Dedham	MA	02026	₩	50.00	
2/8/2021 Springer	Heather	57 Circuit Road	Dedham	MA	02026	₩	200.00 Project Manager	Sun Life Financial
3/17/2021 Stanley	Timothy	210 West Grant St #226	Minneapolis	Ν	55403	₩	50.00	
3/26/2021 TIERNEY	KARA	14 SPRUCE ST	DEDHAM	MA	02026	w	20.00	
3/26/2021 Turner	Maura	48 Richards St	Dedham	MA	02026	**	50.00	
			Ĺ		***************************************		000	

Committ 181 Cour	Committee to Elect Lisa Famham 181 Court Street. Dedham, MA 02026			Schedule A Receipts As of 3/28/2021				Receipts under \$50.00	00	
RECEIVED	0		NAME and Residential Addr	Address (Alphabetical List Required)	red)			Occupation and Employer	ployer	
Date	Last	First	Address	CITY	State	ZIP	Amount	Occupation	Employer	
	2/20/2021 Ansty	Lisa	181 Court Street	Dedham	ΜΆ	02026	1/)	40.00		
	3/7/2021 Baron	Kristen	502 Blue Heron Dr	Youngsville	S	27596	₩.	25.00		
	3/7/2021 Bilafer	Maura	147 court st	Dedham	MA	02026	45	25.00		
	2/21/2021 Canavan	Lynne	111 Jefferson Street	Dedham	MA	02026	₩.	25.00		
	2/23/2021 Chait	Sari	19 Nay Circle	Dedham	MA	02026	vs	25.00		
	3/6/2021 Chirokas	Bernadette	132 Colwell Drive	Dedham	MA	02026	w	30.00		
	3/23/2021 Czazasty	Andrew	118 Sprague St	Dedham	MA	02026	₩	10.00		
	2/21/2021 Darsa	Jamie	85 Hillsdale Rd false	DEDHAM	MA	02472	₩	36,00		
	2/28/2021 Drzewinski	Jayme	16 Brown Ter	Decham	MA	02026-6151	ss	25.00		
	3/9/2021 Dwyer	Lisa	1 Intervale Rd	Dedham	MA	02026	₩	25.00		
	2/24/2021 Flynn	Micah	33 Eleanor Street	Dedham	MA	92020	v)	25.00		
	3/26/2021 Glbbs	Jennifer	14 Metcalf St	Dedham	MA	02026	v	35.00		
	3/10/2021 Gillan	Cindy	236 East Street	Dedham	ΜĄ	02026	ss.	25.00		
	3/16/2021 Leahy	Michael	70 Lancaster Road	Dedham	ΔĀ	02026	s	25.00		
	3/20/2021 Linari	Scott	77 Paul Street	Dedham	MA	02026	v,	30.00		
	3/18/2021 Lowder	Lindsay	100 Lincoln St	Dedham	ΜĀ	02026	45	25.00		
	3/7/2021 Mellen	Elaine	353 West Street	Dedham	MA	02026-5519	₩	25.00		
	2/13/2021 O'Donnell	Elizabeth	15 Turner St	Dedham	MA	02026	₩	15.00		
	2/7/2021 Paxson	Amy	32 KAREN PINES ST	Dedham	MA	02026	ψs	25.00		
	3/12/2021 Reynolds	Emily	156 Oakdale Ave	Dedham	MA	02026	vs	25,00		
	2/21/2021 Seivers	Dawn	1000 Presidents Way Apt 1 Dedhan	ot 1 Dedham	MA	02026	s	25.00		
	3/27/2021 Shumway	Alex	27 Spruce Street	Dedham	MA	02026	ş	25.00		
					Total R	Total Receipts under \$50	\$	571.00		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		<u> </u>	
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Experimental control of the control			
r: 0 T (1D	050 (-1:4-1-1)		
	pts over \$50 (or listed above)	777	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		☐ Enter on page 1, line 2 Id include only those receipts not itemized above.

^{*} 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.)

report all expen		nittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/8/2021	Dedham Times	395 Washington Street, Dedham MA 02026	Fuil Page Ad	120
3/10/2021	Oul Designs	90 Central Street, Foxboro, MA 02035	Masks	300
3/8/2021	Union Printworks	1193 River Street, Hyde Park, MA 02136-5050	Yard Signs, Wire Frames, Flat Signs	1,764.81
3/26/2021	Vista Print	275 Wyman St, Waltham, MA 02451	Postcards, Mailing	1,298.37
		personal to the Man Man Man Associated and add the Man		
	1	Line 12: Total Expenditures ov	rer \$50 (or listed above)	3,483.18
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	0
	• -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	3,483.18

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

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SCHEDULE B: EXPENDITURES (continued)

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

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		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	ander* (not listed above)	
	į	Line 14: TOTAL EXPENDIT	·	
If you have itemized			A A B B TANK B BANK B TO BE BUT BY BUT BY BY BY	:

^{*} 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 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
NA	NA	NA	NA	o
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} 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.

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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
NA	NA	NA	NA	0
				Company of the Compan
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	О