

AMENDED



Form CPF M 102A: Amendment to Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

RECEIVED

2021 MAY 14 AM 8:44

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Report Being Amended: Year: 2021 Reporting Period: Beginning Date: 1/1/2021 Ending Date: 4/1/2021

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

Lisa Laprade
Candidate Full Name (if applicable)

14 Preston St Dedham MA 02026
Residential Address

School Committee Dedham
Office Sought and District

E-mail: llaprade18@gmail.com

Phone # (optional): 617-593-7420

CTE Lisa Laprade
Committee Name

Andrea Griffin
Name of Committee Treasurer

12 Benjamin St. Dedham, MA 02026
Committee Mailing Address

E-mail: # Andreagriff@gmail.com

Phone # (optional): 617-281-7377

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$ 212.79
Line 2: Total receipts this period	\$ 5825.00
Line 3: Subtotal	\$ 6037.79
Line 4: Total expenditures this period	\$ 2670.06
Line 5: Ending Balance	\$ 3367.73
Line 6: Total in-kind contributions this period	—
Line 7: Total (all) outstanding liabilities	—
Line 8: Name of bank(s) used:	<u>Dedham Savings</u>

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

Miscalculated on expenditures. And filled out a CPF R1 for reimbursements. The receipts were also updated to account for individuals who made multiple contributions now totaled over \$50.

Signed under the penalties of perjury:

[Signature]
(Candidate's signature)

Date: 5/10/2021

Signed under the penalties of perjury:

[Signature]
(Treasurer's signature)

Date: 5/10/2021



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: 4/1/2021 Ending Date: 4/1/2021

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
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>\$ 212.79</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 5825.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 6037.79</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 2670.06</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 3367.73</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: 5/10/21

CTE Lisa Laprade April 1, 2021

Date Received	Name	Address	Amount	Occupation & Employer
2/11/2021	Michelle Abozio	177 Robert Rd	02026 \$ 100.00	programs/comm director, New American Colleges and Universities Dedham MA
3/7/2021	Michelle Abozio	177 Robert Road	02026 \$ 100.00	programs/comm director, New American Colleges and Universities Dedham MA
3/16/2021	Jennifer Barsman	149 PORTER ST	02080 \$ 100.00	programs/comm director, the New American Colleges & Universities
3/7/2021	Frances Bass	164 Central Ave	02026 \$ 75.00	
2/17/2021	Stephen Blafier	147 Court Street	02026 \$ 75.00	
3/7/2021	Jan Civan	24 Spruce Street	02026 \$ 100.00	
3/7/2021	Dieckmann Cogill	24 Preston St	02026 \$ 100.00	Transportation Planner, Jacobs Engineering Dedham MA
3/7/2021	Committees to Elect Brendan	76 Violet Avenue	02026 \$ 250.00	Transportation Planner, Jacobs Engineering
3/7/2021	Eileen Curran	106 Taylor Avenue	02026 \$ 100.00	
3/7/2021	Michael De Winter	411 East Street	02026 \$ 100.00	
3/7/2021	Suzie Friday	24 Dale Street	02026 \$ 75.00	
3/7/2021	Phillip Gonzalez	36 Blossom Street	02026 \$ 100.00	
3/23/2021	Caroline Hanlon	1 FARFAX ST	02124 \$ 100.00	Senior Program Officer, Tufts Health Plan Foundation Dedham MA
3/7/2021	Jennifer Hyde	44 Willow Street	02026 \$ 100.00	DOORCHESTER CENTER MA
3/7/2021	Laurie & Brendan Keogh	76 Violet Avenue	02026 \$ 100.00	
2/28/2021	Mart Manning	93 Barrows Street	02026 \$ 100.00	
3/3/2021	Germa Martin	202 Bonham Rd	02026 \$ 100.00	
3/29/2021	Margaret Matthews	12 Babcock Place	02026 \$ 100.00	
3/29/2021	Wm. Shaw McDermott	580 Bridge Street	02026 \$ 100.00	Lawyer, K&L Gates LLP Dedham MA
2/12/2021	Kimberly McKinney	195 Woodland Road	02090 \$ 250.00	Manager, McKinney Brothers
3/7/2021	Patricia McLamara	24 May Circle	02026 \$ 100.00	
2/11/2021	Sunshine Millia	47 Fairfield Street	02026 \$ 100.00	
3/21/2021	Sunshine Millia	47 Fairfield Street	02026 \$ 100.00	
2/11/2021	Cheryl Pacella	395 Summer St	02071 \$ 250.00	RN, CAP Consulting
3/20/2021	Maureen Pacella	13 Crestview Ave	02637 \$ 100.00	
3/11/2021	Michelle Persson Rellly	32 Rosen Rd.	02026 \$ 250.00	Nonprofit Administrator, Dedham Community Association Dedham MA
3/23/2021	Sarah Smegal	150 Monroe Street	02026 \$ 100.00	
3/11/2021	Martha Smith	1092 High St	02026 \$ 100.00	
2/22/2021	Peter Springer	57 CIRCUIT ROAD	02026 \$ 75.00	
3/29/2021	Jeanne Stoblach	1212 Great Plain Ave	02026 \$ 55.00	
2/23/2021	John Tucci	78 Adams Street	02026 \$ 250.00	Attorney, Tucci Goss & Lee PC
3/7/2021	Geraldine Vassalotti	30 Bonney lane	02026 \$ 100.00	
3/17/2021	Sarah Vazquez	20 North Stone Mill Drive #101	02026 \$ 100.00	
			Total \$ 4,155.00	



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: Sunshie Millea

Committee Name: CTE Lisa Laprade CPF ID #: _____

Amount of Reimbursement: 1077.59

Date of Reimbursement: 3/10 + 3/13/2021

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
3/10/21	Union Printworks 1193 River St. Hyde Park	signs	973	78
3/13/21	Home Depot 1213 VFW PKWY West Rox	wood	103	81
Expenditures in excess of \$50 (listed above)			1077	59
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			1077	59

Signed under the penalties of perjury:

5/14/21

Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.