

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts File with: City or Toyn Clerk of Election Commission							
Fill in Reporting Period dates: Beginning Date: 4 7 18 Ending Date: 5 1 2 2 2							
Type of Report: (Check one)							
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution							
Lisa Laprade School Connittee Office Sought and District 14 Preston St. Deathan Residential Address E-mail: Laprade 18@gnard.com Phone # (optional): Committee to elect Lisa Laprade Andrea Griffn Name of Committee Treasurer Deathan Committee Mailing Address E-mail: Andreagriff@gnail.com Phone # (optional): (017-281-7377							
SUMMARY BALANCE INFORMATION:							
Line 1: Ending Balance from previous report 212.79							
Line 2: Total receipts this period (page 3, line 11)							
Line 3: Subtotal (line 1 plus line 2)							
Line 4: Total expenditures this period (page 5, line 14)							
Line 5: Ending Balance (line 3 minus line 4) 212,79							
Line 6: Total in-kind contributions this period (page 6)							
Line 7: Total (all) outstanding liabilities (page 7)							
Line 8: Name of bank(s) used: Dedham Saving S							
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 fehalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature)							
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: (Candidate's signature) Date: 5							

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 Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	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 (continued)

	To Whom Paid	AVV	D			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
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	-					
			Address of the second of the s			
	:					
Line 12: Expenditures over \$50 (or listed above)						
Line 13: Expenditures \$50 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						

^{*} 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 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
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTANI	 DING LIABILITIES (ALL)	