

Affidavit of Committee Treasurer:

Form CPF M 102: Campaign Finance Report EIVED Municipal Form

Office of Campaign and Political Finance

of Massachusetts 1/1/2022 Ending Date: Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) vear-end report dissolution 30 day after election 8th day preceding election 8th day preceding preliminary MALEAH FINCH THURPE GUSTAFSUN Committee Name Candidate Full Name (if applicable) WRSD COMMITTEE Name of Committee Treasurer 63 HEATHER CIRCLE, JEFFERSON, MA Committee Mailing Address Telephone Number (optional): 740.624.08460 (C) Telephone Number (optional): SUMMARY BALANCE INFORMATION: MA Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) 555.18 Line 4: Total expenditures this period (page 5, line 14) 1555.18 Line 5: Ending Balance (line 3 minus line 4) 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:

I	Aftidavit 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.
ļ	Signed under the penalties of perjury:(Treasurer's signature) Date:
-	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: Mulh 73 (Candidate's signature) Date: 4/29/22

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
-			
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,			
	1)		
	-		
			4
Line 9: Total Red	ceipts over \$50 (or listed above)	LØ	
T1 10 70 11		K	
Line 10: Total Re	sceipts \$50 and under* (not listed above)	<u> </u>	<u> </u>
T:	RECEIPTS IN THE PERIOD	X	Futur on noce 1 line 2
		U	Enter on page 1, line 2 uld include only those receipts not itemized above.

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 Ro	eceipts over \$50 (or listed above)		
	Leceipts \$50 and under* (not listed above)		
	L RECEIPTS IN THE PERIOD		Enter on page 1, line 2 ould 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

eport all expend	ditures. Please include your comm	ittee name and a page number on	each page.)	
	To Whom Paid	. 17	D	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3 /25/22	DAIGNAN COMPANIES	PUBOX 461 HULDENIMAUISZU	signs	446.25
4/28/22	DEIGNAN COMPANIES	HOLDENIM OISZO	Addl signs, Postcards	341-06
4/25/22	US POSTAL SERVICE	24 CORUST ST. PROVIDENCE, RI OZGUL	Stamps	680.00
Apploq	US POSTAL SERVICE	2 EXCHANGE TERRALE PROVIDENCE, KI OZA	3 starts	Avior
		Line 12: Total Expenditures	over \$50 (or listed above)	1467.31
-		Line 13: Total Expenditures \$	550 and under* (not listed above)	87.87
	Enter on page 1, line 4 -			1555.18
* If you have it	termized expenditures of \$50 and unc	ler include them in line 12. Line 13	should include only those expenditu	res 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid		4 3 3 c	Purpose of Expenditure	Amount
	(alphabetical listing)	Address	rurpose of Expenditure	Temount
Laster La		Line 12: Expenditures ov	ver \$50 (or listed above)	
		Line 13: Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4	→ Line 14: TOTAL EXPE	NDITURES 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. Page 5

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
				:
		110		
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
			ns \$50 & under (not listed above)
,		Line 17: TOTAL IN-KIND	CONTRIBUTIONS	Ø

^{*} 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.

Page 6

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
	·			
			NDING LIABILITIES (ALL)	

\$0.00



From:

Deignan Companies / ENGRAVEDandPRINTED

PO Box 461

Holden, MA. 01520-0461

Pick up your order at:

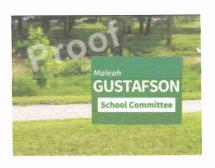
165 Flagler Drive in Holden.

(Just behind the former Friendly's Restaurant)

Checks to "Deignan Companies"

To:

Maleah Thorpe Gustafson 63 Heather Circle Jefferson, MA 01522 maleah@gusweb.com





Total Due



Qty	Service	Price	Adjust	Sub Total
60	Yard Signs & Ground Stakes	\$7.00	0.00%	\$420.00
		Sub	Total	\$420.00
			Tax	\$26.25
			Paid	-\$446.25
		Tota	Due	\$0.00

If you prefer to pay by credit card, you'll be using PayPal for your payment. No account is required. Mastercard, Visa, American Express, & Discover are accepted.

We also accept cash, check, and Venmo.

Payment is due within 15 days from date of invoice. Late payment is subject to fees of 1.5% per month.



Invoice

\$341.06

From:

Deignan Companies / ENGRAVEDandPRINTED

PO Box 461

Holden, MA. 01520-0461

Invoice Number INV-3504
Order Number 3504
Invoice Date April 28, 2022
Due Date April 28, 2022

Total Due

Total Due

Pick up your order at:

165 Flagler Drive in Holden. (Just behind the former Friendly's Restaurant)

Checks to "Deignan Companies"

To:

Maleah Thorpe Gustafson 63 Heather Circle Jefferson, MA 01522 maleah@gusweb.com

Qty	Service	Price	Adjust	Sub Total
1800	4x6 UV coated 4/4 16pt postcards	\$0.12	0.00%	\$216.00
15	24x18 Coroplast Yard Signs	\$7.00	0.00%	\$105.00
		Sub T	otal	\$321.00
				•
			Tax	\$20.06

If you prefer to pay by credit card, you'll be using PayPal for your payment. No account is required.

Mastercard, Visa, American Express, &

\$341.06



PROVIDENCE 24 CORLISS ST RM 100 PROVIDENCE, RI 02904-2477 (800)275-8777

	100072/0-	·8///	
04/25/2022			02:43 PM
Product	Qty	Unit Price	Price
Barns Coil	17	\$40.00	\$680.00
Grand Total:			\$680.00
Credit Card Remark Card Name: N	/ISA	VV0000	\$680.00

Approval #: 00162D Transaction #: 599 AID: A0000000031010

Chip

AL: VISA CREDIT PIN: Not Required

CHASE VISA

Every household in the U.S. is now eligible to receive a second set of 4 free test kits.

Go to www.covidtests.gov

In a hurry? Self-service klosks offer quick and easy check-out. Any Retail Associate can show you how.

Preview your Mail Track your Packages Sign up for FREE @ https://informeddelivery.usps.com

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience. Go to: https://postalexperience.com/Pos or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 437167-0102

Receipt #: 840-50280259-5-5634024-1

Clerk: 58