



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF MELROSE  
REGISTRARS OF VOTERS  
2024 JAN 22 PM 2:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: October 21, 2023 Ending Date: 12/31/2023

Type of Report: (Check one)

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

Matthew L Hartman

Candidate Full Name (if applicable)

Melrose School Committee

Office Sought and District

3 Allen Place, Melrose, MA 02176

Residential Address

E-mail: melrosematthartman@gmail.com

Phone # (optional): (508) 625-0022

Friends of Matt Hartman

Committee Name

Benjamin Hagberg

Name of Committee Treasurer

PO Box 761168

Committee Mailing Address

E-mail: melrosematthartman@gmail.com

Phone # (optional): (508) 625-0022

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,373.86
Line 2: Total receipts this period (page 3, line 11)	300.00
Line 3: Subtotal (line 1 plus line 2)	2,673.86
Line 4: Total expenditures this period (page 5, line 14)	1,835.46
Line 5: Ending Balance (line 3 minus line 4)	838.40
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	Eastern Bank, 441 Main Street, Melrose, MA 02176

### 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: [Signature] (Treasurer's signature)

Date: 1/20/2024

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 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 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 1/20/2024

## 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)
10/26/2023	Leah Alpert 735 Roosevelt Ave Redwood City, CA 94061	50.00	
10/20/2023	Committee to Elect Peter Mortimer 47 Mt. Hood Terrace Melrose, MA 02176	50.00	
10/25/2023	Ironworkers Local #7 195 Old Colony Avenue South Boston, MA 02127	200.00	PAC OCPF #80219
Line 9: Total Receipts over \$50 (or listed above)		300.00	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		300.00	

\* 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)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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.

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## 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
10/27/2024	CRG Graphics	1236 Eastern Ave, Malden, MA 02148	Cost for 1926 mailers	1,457.53
11/7/2024	Honey Dew Donuts	915 Main Street, Wakefield, MA 01880	Donuts and coffee for volunteer sign holders	72.84
11/30/2024	Meta Platforms Inc.	1602 Willow Road, Menlo Park, CA 94025	Facebook advertising	41.00
11/6/2024	Meta Platforms Inc.	1602 Willow Road, Menlo Park, CA 94025	Facebook advertising	62.00
11/12/2024	Squarespace	225 Varick Street 12th Floor New York City, NY 10014	Website host and developer monthly charge	35.06
12/12/2024	Squarespace	225 Varick Street 12th Floor New York City, NY 10014	Website host and developer monthly charge	35.06
10/30/2023	US Postal Service	23 Essex St, Melrose, MA 02176	Campaign post office box for six months	115.00
Line 12: Total Expenditures over \$50 (or listed above)				1,818.49
Line 13: Total Expenditures \$50 and under* (not listed above)				16.97
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1,835.46

\* 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 B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50 (or listed above)		
		Line 13: Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 →		<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>		

\* 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
<div style="text-align: right; margin-right: 20px;">Enter on page 1, line 6 →</div>			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

\* 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.

## 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 →		<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>		



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

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.

Date of Reimbursement:		10/28/2023
Name of Individual Being Reimbursed:	Matthew Hartman	
Committee Name:	Friends of Matt Hartman	
CPF ID Number (if applicable):		Telephone Number (optional): 5086250022

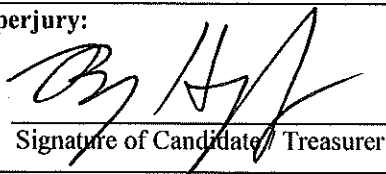
### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/25/2023	United States Postal Office	23 Essex St, Melrose, MA 02176	Post office box for campaign	115.00
05/11/2023	Squarespace	225 Varick Street 12th Floor New York City, NY 10014	Website host and developer monthly charge	35.06
06/12/2023	Squarespace	225 Varick Street 12th Floor New York City, NY 10014	Website host and developer monthly charge	35.06
07/12/2023	Squarespace	225 Varick Street 12th Floor New York City, NY 10014	Website host and developer monthly charge	35.06
04/14/2023	GoDaddy.com	14455 North Hayden Rd Scottsdale, AZ 85260	Website domain purchase (2 yrs)	20.36

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	240.54
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	240.54

Signed under the penalties of perjury:

  
Signature of Candidate/Treasurer

Date: 1/20/2024

Please prepare a separate report for each reimbursement check issued by the committee.

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**[illegible]

Page 2 Total (add to Line 1 on Page 1):