



**FORM CPF MA 101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance

RECEIVED

FEB 07 2022

Town Clerk
Hingham, MA

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE: Full Name: Matthew Cosman
 Residential Address: 12 Summit Drive
 City / State / Zip: Hingham MA 02043
 E-Mail Address: Matt@cosmanforchange.com Phone #: 617-285-7447
 Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: School Committee
 District: Hingham

COMMITTEE: Name of Committee: Committee to Elect Matt Cosman
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 12 Summit Drive
 City / State / Zip: Hingham MA 02043 Phone #: 617-285-7447

OFFICERS:

Chairman: <u>Wendy Driscoll</u> Residential Address: <u>24 Charles Street</u> City / State / Zip: <u>Hingham</u> <u>MA</u> <u>02043</u> Phone #: <u>978-337-6534</u>	Treasurer*: <u>Lyndsey Kruzer</u> Residential Address: <u>10 Ouall Run</u> City / State / Zip: <u>Hingham</u> <u>MA</u> <u>02043</u> Phone #: <u>617-548-6769</u> Email: <u>lyndsevkruzer@gmail.com</u> <small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.)

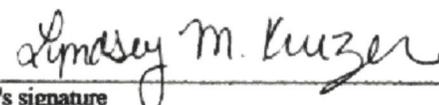
I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:


 Candidate's signature Date: 2/2/22

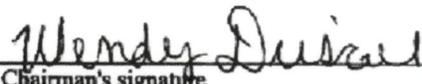
I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:


 Treasurer's signature Date: 2/2/22

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:


 Chairman's signature Date: 2/2/22



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED

MAY 06 2022

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/2/2022 Ending Date: 5/6/2022 **Town Clerk Hingham, MA**

Type of Report: (Check one)

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

Matthew Cosman
Candidate Full Name (if applicable)

School Committee, Hingham
Office Sought and District

12 Summit Drive, Hingham, MA 02043
Residential Address

E-mail: Matt@cosmanforchange.com

Phone # (optional): 617-285-7447

Committee to Elect Matt Cosman
Committee Name

Lyndsey Kruzer
Name of Committee Treasurer

12 Summit Drive, Hingham, MA 02043
Committee Mailing Address

E-mail: lyndseykruzer@gmail.com

Phone # (optional): 617-548-6769

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	8,599
Line 3: Subtotal (line 1 plus line 2)	8,599
Line 4: Total expenditures this period (page 5, line 14)	8,339.52
Line 5: Ending Balance (line 3 minus line 4)	259.48
Line 6: Total in-kind contributions this period (page 6)	433.13
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Rockland Trust

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: Lyndsey M. Kruzer (Treasurer's signature) Date: 5/6/2022

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: 5/6/2022

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)
Apr 2, 2022	Abbott, Sara 126 Main Street Hingham, MA 02043	150	
Apr 1, 2022	Arata, Alex 123 Central St. Hingham, MA 02043	100	
Apr 10, 2022	Beale, Jonathan 4 Accord Lane Hingham, MA 02043	250	Pilot, JetBlue Airways
Feb 10, 2022	Beaulieu, David 18 Mast Hill Rd. Hingham, MA 02043	500	Digital Marketer, Pearson
Apr 25, 2022	Bizzozero, Kathryn 5 Cranberry Ln. Hingham, MA 02043	100	
May 3, 2022	Burns, Christopher 1 Bel Air Road Hingham, MA 02043	150	
Feb 2, 2022	Carey, John 14 Sherwood Rd. Hingham, MA 02043	100	
May 1, 2022	Cassidy, Karen 1186 Main St. Hingham, MA 02043	100	
Apr 7, 2022	Childs, Raymond 25 Summit Dr. Hingham, MA 02043	300	Investment Manager, DJG Financial
Apr 29, 2022	Chisholm, Heather 8 Blackhorse Ln. Hingham, MA 02043	222	Registered Nurse, Massachusetts General Hospital
Feb 5, 2022	Cosman, James 16 Queen Anne Ln. Hingham, MA 02043	75	
Feb 5, 2022	Cosman, Laurie 16 Queen Anne Ln. Hingham, MA 02043		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Feb 4, 2022	Driscoll, Wendy 24 Charles St. Hingham, MA 02043	100	
Mar 14, 2022	Duncan, Adrian 4 Summit Drive Hingham, MA 02043	100	
Mar 23, 2022	Franklin, Sonya 46 Baker Hill Dr. Hingham, MA 02043	150	
Feb 9, 2022	Frazier, Lauren 24 Raynor Dr. Hingham, MA 02043	100	
Apr 28, 2022	Garland, Suzanne 18 Maryknoll Dr. Hingham, MA 02043	460	Fitness Owner, Bar Above LLC
Feb 2, 2022	Givney, Jessica 25 Sherwood Rd. Hingham, MA 02043	100	
Feb 2, 2022	Gregory, Brad 12 Harborview Dr. Hingham, MA 02043	100	
Apr 7, 2022	Hunt, Sandy 23 Harborview Dr. Hingham, MA 02043	500	Nurse Practitioner, French NP
May 4, 2022	Hutchinson, Dean 30 Longmeadow Rd. Hingham, MA 02043	150	
Apr 27, 2022	Kerr, Brian 47 Park View Dr. Hingham, MA 02043	100	
May 3, 2022	King, Suzanne 503 Main St. Hingham, MA 02043	100	
Feb 2, 2022	Kruzer, Lyndsey 10 Quail Run Hingham, MA 02043	100	
May 1, 2022	LaRonde, Meena 2 Winfield Rd. Hingham, MA 02043	97	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 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)
Feb 4, 2022	Lynch, Barbara 3 Westmoreland Rd. Hingham, MA 02043	100	
May 4, 2022	MacLean, Abigail 16 Howe St. Hingham, MA 02043	75	
Feb 2, 2022	Nidositko, Rebecca 5 Lily Pond Ln. Hingham, MA 02043	100	Consultant, Main Street Media Group LLC [Contributions in excess of \$200 when combined with in-kind]
Apr 30, 2022	O'Horo, Susan 7 Wanders Dr. Hingham, MA 02043	122	
May 2, 2022	Owens, Peter 632 Main St. Hingham, MA 02043	100	
May 4, 2022	Preziosi, Keri 4 Ledgewood Cir. Hingham, MA 02043	100	
Apr 30, 2022	Pringle, Kristen 10 Amber Rd. Hingham, MA 02043	200	Nurse, Beth Israel Lahey
Feb 5, 2022	Sharkansky, Linda 32 Hancock Rd. Hingham, MA 02043	100	
Feb 12, 2022	Sirles, Sarah Green 16 Summit Dr. Hingham, MA 02043	100	
Apr 30, 2022	Smallcomb, Kelly 18 Del Prete Dr. Hingham, MA 02043	72	
Apr 27, 2022	Smith, Melissa 111 Thaxter St. Hingham, MA 02043	100	
May 5, 2022	Stoeckle, Matthew 53 Foley Beach Rd. Hingham, MA 02043	100	
Line 9: Total Receipts over \$50 (or listed above)		[]	
Line 10: Total Receipts \$50 and under* (not listed above)		[]	
Line 11: TOTAL 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Feb 5, 2022	Sullivan, Chris 8 Edgar Walker Ct. Hingham, MA 02043	100	
Feb 5, 2022	Sullivan, Holly 8 Edgar Walker Ct. Hingham, MA 02043	100	
May 1, 2022	Tower, John 3 Sentinel Rd. Hingham, MA 02043	125	
Feb 2, 2022	Tutill, Casey 112 Camino Sobrante Orinda, CA 94563	300	Account Director, Amazon Web Services
Feb 2, 2022	Wallace, Terrence 401 NE 103rd St. Miami, FL 33138	100	
May 2, 2022	Weber, Angela 12 Martins Ln. Hingham, MA 02043	150	
Feb 2, 2022	Weber, Jon 12 Martins Ln. Hingham, MA 02043	100	
Feb 5, 2022	White, Cate PO Box 4056 Telluride, CO 81435	250	Owner, Cate White Content
Feb 5, 2022	Williams, Kevin 14 Queen Annes Lane Hingham, MA 02043	100	
Line 9: Total Receipts over \$50 (or listed above)		6,873	
Line 10: Total Receipts \$50 and under* (not listed above)		1,726	
Line 11: TOTAL RECEIPTS IN THE PERIOD		8,599	← 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

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
Apr 11, 2022	Carey, Leslie	14 Sherwood Rd. Hingham, MA 02043	Reimbursement for payment to East Coast Printing and Home Depot (standout signs)	223.94
May 2, 2022	Carey, Leslie	14 Sherwood Rd. Hingham, MA 02043	Reimbursement for payment to East Coast Printing (yard signs and stakes)	430.32
May 6, 2022	Carey, Leslie	14 Sherwood Rd. Hingham, MA 02043	Reimbursement for payment to East Coast Printing (yard signs and stakes)	478.13
Apr 11, 2022	Cosman, Matthew	12 Summit Dr. Hingham, MA 02043	Reimbursement for payment to East Coast Printing (yard signs and magnets)	2,162.19
May 6, 2022	Cosman, Matthew	12 Summit Dr. Hingham, MA 020	Reimbursement for payment to East Coast Printing (campaign mailer) and USPS (postage)	3,607.39
May 6, 2022	Elefante, Erin	19 Hancock Rd. Hingham, MA 02043	Reimbursement for campaign fundraising / meet and greet at The Range	630.8
Apr 11, 2022	Nidositko, Rebecca	5 Lily Pond Ln. Hingham, MA 02043	Reimbursement for campaign kick-off event and various printing expenses	806.75
Line 12: Total Expenditures over \$50 (or listed above)				8,339.52
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				8,339.52

Enter on page 1, line 4 →

* 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
Apr 7, 2022	Carey, Leslie	14 Sherwood Rd. Hingham, MA 02043	Food for campaign kick-off	98.89
Apr 29, 2022	Carey, Leslie	14 Sherwood Rd. Hingham, MA 02043	Stand-out sign materials	36
Apr 7, 2022	Kruzer, Lyndsey	10 Quail Run Hingham, MA 02043	Food and drink for campaign kick-off	84.99
May 1, 2022	Nidositko, Rebecca	5 Lily Pond Ln. Hingham, MA 02043	Web hosting and digital ads	163.25
Apr 7, 2022	Nidositko, Rebecca	5 Lily Pond Ln. Hingham, MA 02043	Food for campaign kick-off	50
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	433.13

* 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.



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, 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: <input style="width: 90%;" type="text" value="Apr 11, 2022"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Leslie Carey"/>	
Committee Name: <input style="width: 95%;" type="text" value="Committee to Elect Matt Cosman"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Apr 8, 2022	East Coast Printing	2 Keith Way, Unit 5 Hingham, MA 02043	Large "stand-out" signs	\$185.94
Apr 8, 2022	Home Depot	1149 Hingham St Rockland, MA 02370	Wooden stakes and sign material	

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="185.94"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text" value="38"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="223.94"/>

Signed under the penalties of perjury:	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate / Treasurer	Date: <input style="width: 90%;" type="text" value="5/6/2022"/>

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



Form CPF R 1: Itemization of Reimbursements

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Commonwealth
of Massachusetts

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Boston, MA 02108
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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: <input style="width: 90%;" type="text" value="May 2, 2022"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Leslie Carey"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Matt Cosman"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Apr 29, 2022	East Coast Printing	2 Keith Way, Unit 5 Hingham, MA 02043	Yard signs and stakes	\$430.32

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="430.32"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="430.32"/>

Signed under the penalties of perjury:

Masey M. Kuzer

Signature of Candidate / Treasurer

Date:

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



Form CPF R 1: Itemization of Reimbursements

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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: <input style="width: 90%;" type="text" value="May 6, 2022"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Leslie Carey"/>	
Committee Name: <input style="width: 95%;" type="text" value="Committee to Elect Matt Cosman"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
May 3, 2022	East Coast Printing	2 Keith Way, Unit 5 Hingham, MA 02043	Yard signs and stakes	\$478.13

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	478.13
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 100%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	478.13

Signed under the penalties of perjury:	
 _____ Signature of Candidate / Treasurer	Date: <input style="width: 90%;" type="text" value="5/6/2022"/>

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



Form CPF R 1: Itemization of Reimbursements

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of Massachusetts

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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: <input style="width: 100%;" type="text" value="Apr 11, 2022"/>
Name of Individual Being Reimbursed: <input style="width: 90%;" type="text" value="Matthew Cosman"/>	
Committee Name: <input style="width: 90%;" type="text" value="Committee to Elect Matt Cosman"/>	
CPF ID Number (if applicable): <input style="width: 20%;" type="text"/>	Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Feb 4, 2022	East Coast Printing	2 Keith Way, Unit 5 Hingham, MA 02043	Yard Signs and Magnets	\$2,162.19

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="2,162.19"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="2,162.19"/>

Signed under the penalties of perjury:

Lindsey M. Kuzer

Signature of Candidate / Treasurer

Date:

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



Form CPF R 1: Itemization of Reimbursements

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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: <input style="width: 90%;" type="text" value="May 6, 2022"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Matthew Cosman"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Matt Cosman"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
May 2, 2022	East Coast Printing	2 Keith Way, Unit 5 Hingham, MA 02043	Campaign Mailer	\$3,607.39

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="3,607.39"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="3,607.39"/>

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date:

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



Form CPF R 1: Itemization of Reimbursements

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of Massachusetts

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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: <input style="width: 90%;" type="text" value="May 6, 2022"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Erin Elefante"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Matt Cosman"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
May 3, 2022	The Range Bar & Grille	306 Whiting St. Hingham, MA 02043	Campaign Event	\$630.80

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="630.8"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="630.8"/>

Signed under the penalties of perjury:	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate / Treasurer	Date: <input style="width: 90%;" type="text" value="5/6/2022"/>

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



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: <input style="width: 100%;" type="text" value="Apr 11, 2022"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Rebecca Nidositko"/>	
Committee Name: <input style="width: 95%;" type="text" value="Committee to Elect Matt Cosman"/>	
CPF ID Number (if applicable): <input style="width: 20%;" type="text"/>	Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Mar 21, 2022	Canva	110 Kippax St, NSW 2010, Australia	Thank you cards	\$62.00
Mar 29, 2022	Canva	110 Kippax St, NSW 2010, Australia	Campaign Stickers	\$165.00
Apr 4, 2022	Imprint.Com	14550 Beechnut St. Houston, TX 77083	Campaign Buttons	\$214.52
Apr 4, 2022	Canva	110 Kippax St, NSW 2010, Australia	Thank you cards	\$62.00
Apr 6, 2022	Macy's Beachway	701 Bridge St. Weymouth, MA 02191	Drinks for kick-off event	\$251.18

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text" value="806.75"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 95%;" type="text" value="806.75"/>

Signed under the penalties of perjury:	
 _____ Signature of Candidate / Treasurer	Date: <input style="width: 100%;" type="text" value="5/6/2022"/>

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Apr 6, 2022	Staples	729 Bridge St. Weymouth, MA 02191	Print-outs of campaign information	\$52.05
Page 2 Total (add to Line 1 on Page 1):				\$52.05



Form CM 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED

JUN 13 2022

Town Clerk
Hingham, MA

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/6/2022 Ending Date: 6/13/2022

Type of Report: (Check one)

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

Matthew Cosman
Candidate Full Name (if applicable)

School Committee, Hingham
Office Sought and District

12 Summit Drive, Hingham, MA 02043
Residential Address

E-mail: Matt@cosmanforchange.com

Phone # (optional): (617) 285-7447

Committee to Elect Matt Cosman
Committee Name

Lyndsey Kruzer
Name of Committee Treasurer

12 Summit Drive, Hingham, MA 02043
Committee Mailing Address

E-mail: lyndseykruzer@gmail.com

Phone # (optional): (617) 548-6769

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	259.48
Line 2: Total receipts this period (page 3, line 11)	225
Line 3: Subtotal (line 1 plus line 2)	484.48
Line 4: Total expenditures this period (page 5, line 14)	421.01
Line 5: Ending Balance (line 3 minus line 4)	63.47
Line 6: Total in-kind contributions this period (page 6)	900
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: <u>Rockland Trust</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: Lyndsey M. Kruzer (Treasurer's signature) Date: 6/13/2022

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: 6/13/2022

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)
5/9/2022	Peter Elefante 19 Hancock Rd. Hingham, MA 02043	100	
5/10/2022	Brian Kerr 47 Park View Dr. Hingham, MA 02043	100	Vice President, Wellington Management
Line 9: Total Receipts over \$50 (or listed above)		200	
Line 10: Total Receipts \$50 and under* (not listed above)		25	
Line 11: TOTAL RECEIPTS IN THE PERIOD		225	← 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 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
5/14/2022	Rebecca Nidositko	5 Lily Pond Lane Hingham MA 02043	Digital / Facebook Advertising Services	500
5/5/2022	Matthew Cosman	12 Summit Drive Hingham, MA 02043	Advertising in the Hingham Anchor	400
Line 15: In-Kind Contributions over \$50 (or listed above)				900
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				900

* 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.



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: <input style="width: 90%;" type="text" value="June 13, 2022"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Matthew Cosman"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Matt Cosman"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
May 5, 2022	Hingham Anchor	4 Cutter Hill Rd. Hingham, MA 02043	Advertising	\$500

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="500"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="100"/>

Signed under the penalties of perjury:	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate / Treasurer	Date: <input style="width: 90%;" type="text" value="6/13/2022"/>

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



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, 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: <input style="width: 100%;" type="text" value="June 13, 2022"/>
Name of Individual Being Reimbursed:	<input style="width: 100%;" type="text" value="Rebecca Nidositko"/>
Committee Name:	<input style="width: 100%;" type="text" value="Committee to Elect Matt Cosman"/>
CPF ID Number (if applicable):	<input style="width: 200px;" type="text"/>
Telephone Number (optional):	<input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/26/2022	Meta Platforms, Inc.	1601 Willow Rd. Menlo Park, CA 94025	Advertising	10
4/27/2022	Meta Platforms, Inc.	1601 Willow Rd. Menlo Park, CA 94025	Advertising	10
5/1/2022	Meta Platforms, Inc.	1601 Willow Rd. Menlo Park, CA 94025	Advertising	10
5/3/2022	Meta Platforms, Inc.	1601 Willow Rd. Menlo Park, CA 94025	Advertising	15
5/6/2022	Meta Platforms, Inc.	1601 Willow Rd. Menlo Park, CA 94025	Advertising	15

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 100%;" type="text" value="821.01"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 100%;" type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 100%;" type="text" value="321.01"/>

Signed under the penalties of perjury:

Lynsey M. Kruger

Signature of Candidate / Treasurer

Date:

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



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: 6/14/2022 Ending Date: 12/31/2022

Type of Report: (Check one)

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

Matthew Cosman
Candidate Full Name (if applicable)
School Committee, Hingham
Office Sought and District
12 Summit Drive, Hingham, MA 02043
Residential Address
E-mail: Matt@cosmanforchange.com
Phone # (optional): (617) 285-7447

Committee to Elect Matt Cosman
Committee Name
Lyndsey Kruzer
Name of Committee Treasurer
12 Summit Drive, Hingham, MA 02043
Committee Mailing Address
E-mail: lyndseykruzer@gmail.com
Phone # (optional): (617) 548-6769

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	63.47
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	63.47
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	63.47
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Rockland Trust

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: Lyndsey M. Kruzer (Treasurer's signature) Date: 1/19/2023

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: 1/19/2023