



**City of Hyattsville, Maryland
2019 - CANDIDATE CAMPAIGN FINANCE REPORT**

CANDIDATE NAME: Matthew Fraterman
 TREASURER NAME: Sean Lundy
 OFFICE SOUGHT: City Council Ward 3

REPORTING PERIOD: *Start with day following end of last report; end one (1) day before due date. Enter Date as MM/DD/YYYY*

FROM:	<u>03/11/2019</u>	THROUGH:	<u>04/11/2019</u>
-------	-------------------	----------	-------------------

REPORT TYPE: *All reports must be filed by 1:00 p.m. of the day they are due.*

<input checked="" type="checkbox"/> Initial Report 21st Day before Election (April 16, 2019)	<input type="checkbox"/> Second Report 7th Day before Election (April 30, 2019)	<input type="checkbox"/> Annual Report (September 3, 2019)
<input type="checkbox"/> Amended Report (Explain Correction Below)	<input type="checkbox"/> Contribution Threshold Certification	<input type="checkbox"/> Disposition of Funds Report

SUMMARY OF REPORT

1.	Beginning Cash Balance	\$
2.	Contributions Received (Schedule A+B)	\$ 0
3.	Expenditures Made (Schedule C+D)	\$ 159.10
4.	Ending Cash Balance <i>If this is a Disposition of Funds Report, ending balance must be zero.</i>	\$
5.	Outstanding Loan Totals <i>(Schedule E) If this is a Disposition of Funds Report, balance must be zero.</i>	\$

CANDIDATE CERTIFICATION

I hereby swear or affirm, under penalty of perjury, that the report filed herewith is, to the best of my knowledge, a complete and full disclosure of all contributions and expenditures. I understand that the submission of false, erroneous, or incomplete information may be subject to penalties in accordance with the Hyattsville City Code.

[Signature] 04/17/19 [Signature] 4/17/2019
 Signature of Candidate Date Signature of Treasurer Date

ETHICS COMMISSION CERTIFICATION

Date/Time Report Received:	<u>4/18/2019</u>	<u>3:32</u>	Staff:	<u>NL</u>
Ethics Commission Signature:	_____	Date:	_____	_____
Print Commissioner Name:	_____			





PostNet

5557 Baltimore Ave 500
Hyattsville, MD 20781
3017790501

Cashier: Femi Ijiti
23-Mar-2019 11:29:24A

Transaction 100000

1 Sale	\$64.60
--------	---------

Total	\$64.60
--------------	----------------

[REDACTED]	\$64.60
------------	---------

23-Mar-2019 11:29:32A
\$64.60 | Method: EMV

[REDACTED]
MATTHEW R FRATERMAN
Ref #: 908200518961
Auth #: 061244

[REDACTED]
AthNtwkNm: MAESTRO

[REDACTED]
PIN VERIFIED

Online: <https://clover.com/p/RBZ3K9QXMB6PP>

Order DQ10SYTA9K3J8

2

POSTNET

PostNet MD116
5557 Baltimore Ave, Ste 500

Hyattsville, MD 20781
301-779-0501

Invoice#: 20563 Clerk: ROMEO

03/31/2019 15:02

Cash, Check, Charge

=====
Description

SKU#	Price	Qty	ExtPrice
===== Retail Products			
60	89.15	1	89.15 t

=====
 Sub-Total: \$89.15
 Sales Tax: \$5.35

 Total: \$94.50

CCard Charge: \$94.50
 Approval Number: 468741
 Reference ID Number: [REDACTED]

[REDACTED]
FRATERMAN/MATTHEW R

I agree to pay the above total amount according to the card issuer agreement. (merchant agreement if credit voucher)

To track shipments:
 UPS: 800-742-5877 or www.ups.com
 FedEx: 800-463-3339 or www.fedex.com
 DHL: 800-225-5345 or www.dhl-usa.com
 For more info, visit www.shiprite.net