



Commonwealth  
of Massachusetts

Form CPF M 102: Campaign Finance Report  
Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

1/21/2018

Reporting Period: Beginning: 10/31/2017 Ending: 12/31/2017

Type of Report: Year-end

**Michael Smart**

Full Name of Candidate

**Weymouth Town Councilor - District 6**

Office Sought/ District

**39 Rhitu Drive  
Weymouth, MA 02190**

Residential Address

**Committee to Elect Michael Smart**

Committee Name

**Anne Reilly Smart**

Name of Committee Treasurer

**39 Rhitu Drive  
Weymouth, MA 02190**

Committee Address

RECEIVED  
TOWN OF WEYMOUTH  
FINANCIALS OFFICE  
2018 JAN 22 PM 4:12

**SUMMARY BALANCE INFORMATION**

Ending balance from previous report:	\$1,826.48
Total receipts this period:	\$0.00
Subtotal:	\$1,826.48
Total expenditures this period:	\$138.11
Ending Balance:	\$1,688.37
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	Santander Bank

**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, inkind 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:

*Anne Reilly Smart*

Treasurer's signature (in ink)

*1-21-18*

Date

**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, and 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 and 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, inkind 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:

*Michael Smart*

Candidate's signature (in ink)

*1-21-18*

Date

## 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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
12/31/2017	Smart, Michael 39 Rhitu Drive South Weymouth, MA 02190	\$138.11	Reimbursement (See R1)

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Total Itemized Expenditures:	\$138.11
Total Unitemized Expenditures:	\$0.00
Total Expenditures:	\$138.11



Commonwealth  
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# 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:		12/31/2017
Name of Individual Being Reimbursed:	Michael Smart	
Committee Name:	Committee to Elect Michael Smart	
CPF ID Number (if applicable):		Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
12/31/2017	Amazon		Microsoft Office Purchase	138.11

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	138.11
	Line 2: Expenditures \$50 or under (not itemized):	0
	Line 3: TOTAL AMOUNT REIMBURSED:	138.11

Signed under the penalties of perjury:

*Michael Smart* *Anne R. Smart*  
Signature of Candidate / Treasurer

Date: 1-21-18

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