Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Statement covers period from01/01/2016	Date of election if applicable: (Month, Day, Year)	E-Filed 07/29/2016 21:14:27 Filing ID: 161019965	Page _	FORNIA 460  1 of 19 or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2016	11/08/2016			
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee	inplete Parts 1, 2, 3, and 4.  rimarily Formed Ballot Measure committee ) Controlled ) Sponsored (so Complete Part 6)  rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement:  Preelection Statement  Semi-annual Statement  Termination Statement  (Also file a Form 410 Te	ermination)	Quarterly Stater Special Odd-Ye Supplemental P Statement - Atta	ar Report reelection
3. Committee information	NUMBER 381987	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NANCY SMITH FOR COUNCIL 2016		NAME OF TREASURER  Mr. Howard Greenstein  MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY San Jose		P CODE 95132-1369	AREA CODE/PHONE (408)263-2906
CITY STATE ZIP COI Sunnyvale CA 94080	5 (408)455-8672	NAME OF ASSISTANT TREASUR Mary Bradley	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX	MAILING ADDRESS			
OPTIONAL: FAX / E-MAIL ADDRESS (408)992-0660 / nchsmith@gmail.com	DE AREA CODE/PHONE	CITY Sunnyvale OPTIONAL: FAX / E-MAIL ADDR greensteinh@gmail.com	CA :	P CODE 94086	AREA CODE/PHONE (408)733-9604
<ul> <li>Verification         I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California     </li> </ul>		owledge the information contained her	ein and in the attached sch	edules is true a	and complete. I certify
Executed on	By Howard Gre	Signature of Treasurer or Assistant 7	Freasurer		
Executed on	By Nancy Smit Signature of Co	h ontrolling Officeholder, Candidate, State Measure Prop	ponent or Responsible Officer of Spor	nsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	FP	PC Form 460 (Jan/2016)

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2										
	ORNIA ORM	4	16	0						
Page _	2	of _	19							

Officeholder or Candidate Controlled Con	nmittee		6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Nancy Smith								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBER IF APPL	ICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member District 6								] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY ST	TATE ZIP		Identify the controlling of	ficebolder og	undidata ar at	oto moocuro	nrononont if on
	Sunnyvale	CA 94086					ate measure	proponent, ii an
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this	Statement: List an	v committees						
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily for	•		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							
			7	Primarily Formed Car	didate/Offi	ceholder Co	mmittee /	ist names of
NAME OF TREASURER	CONTROLLED CO		•••	officeholder(s) or candidate(				
		] NO		NAME OF OFFICEHOLDER OR	CANDIDATE	TOEEICE SOLI	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)			NAME OF OFFICEROLDER OR	CANDIDATE	OFFICE GOO	OIII OIL IILLD	SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA	A CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER							OPPOSE
CONNITTEE NAME	I.D. NOMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED CO	MMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
		NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)							
CITY STATE ZI	P CODE AREA	A CODE/PHONE		Δtts	ch continuati	ion sheets if r	1000ssarv	

#### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

		SUN	MMARY PAGE
State	ment covers period	CALIFORNIA	460
m	01/01/2016	FORM	TUU

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY SMITH FOR COUNCIL 2016

from \_\_\_\_ 06/30/2016 through \_ I.D. NUMBER 1381987

Contributions Received	(	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	13,036.00	\$	13,036.00	
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	13,036.00	\$	13,036.00	20. Contributions  Received \$ \$
4. Nonmonetary Contributions		885.00		885.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	13,921.00	\$	13,921.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	4,888.18	\$	4,888.18	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	4,888.18	\$	4,888.18	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		885.00		885.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	5,773.18	\$	5,773.18	\$
Current Cash Statement					/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,250.00	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		13,036.00		nounts in Column A to the rresponding amounts	l.,
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		4,888.18		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	9,397.82	figu	ures that should be	
If this is a termination statement, Line 16 must be zero.			ре	btracted from previous riod amounts. If this is a first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if y).	
		0.00	•		
18. Cash Equivalents See instructions on reverse	\$		l		

16) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Cobodulo	A						0011501115
Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cover from 01/01/2	016	ALIFOR FORM	400
	ONS ON REVERSE			through	016 F	age4	of19
NAME OF FILER					I.	D. NUMBER	
NANCY SMITH	FOR COUNCIL 2016	T	1	1	1	381987	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD CALENDAR (JAN. 1 - DE		_	PER ELECTION TO DATE IF REQUIRED)
01/15/2016	Nai Drwang Hsueh Saratoga, CA 95070	IND  COM  OTH  PTY  SCC	Retired None	250.00	250	.00 G2016	5 \$250.00
01/27/2016	NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	□IND  IND  IND  OTH  IND  OTH  IND  IND  IND  IND  IND  IND  IND  IN		-100.00	-18	.86 G2016	(\$18.86)
02/02/2016	Kathy Stone Scotts Valley, CA 95066	⊠IND □COM □OTH □PTY □SCC	Technical Writer NVIDIA Corporation	100.00	100	.00 G2016	\$100.00
02/16/2016	Carelle Carimamanesh San Mateo, CA 94402		None None	100.00	100	.00 G2016	\$100.00
02/21/2016	Katherine Walsh Piedmont, CA 94611	IND  COM  OTH  PTY  SCC	Retired None	250.00	250	.00 G2016	5 \$250.00
			SUBTOTAL	\$ 600.00			
	A Summary				*Contribu	itor Codes	

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ......\$ \_\_\_ 10,650.00 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ 2,386.00 3. Total monetary contributions received this period.

13,036.00

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received	Amounts may to whole o		Statement cove	ont covers period CALIFORNIA FORM			
			through 06/30/	2016 Pag	e <u>5</u>	of19	
IAME OF FILER		L		I.D.	NUMBER		
NANCY SMITH FOR COUNCIL 2016				138	1987		
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CO	NTRIBUTOR CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	Т	ELECTION O DATE REQUIRED)	
03/07/2016 Carol Weiss Sunnyvale, CA 94087		Retired Retired	100.00	100.0	0 G2016	\$100.00	
03/12/2016 Ruth Silver Taube Sunnyvale, CA 94087	⊠IND □COM □OTH □PTY □SCC	Professor Santa Clara University	100.00	350.0	0 G2016	\$350.00	
03/13/2016 Anusree Ganguly Sunnyvale, CA 94087		Professor Ohlone College	250.00	250.0	0 G2016	\$250.00	
03/17/2016 Dale Hirstein Cullom, IL 60929	∑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	250.00	650.0	0 G2016	\$650.00	
03/17/2016 Flo Stafford Sunnyvale, CA 94086		Owner Starlite Storage	100.00	100.0	0 G2016	\$100.00	
		SUBTOTAL	\$ 800.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

Sunnyvale, CA 94086					from01/01/	2016	F	ORM	
ANCY SMITH FOR COUNCIL 2016   1381987     24					through06/30/	2016	Page	6 0	f
DATE   RECEIVED   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   CODE *   COUPATION AND MERILOYER   COMMUTTEE, ALSO ENTER ID. NAMEER)   CODE *   COUPATION AND MERILOYER   RECEIVED THIS   CLIMILATIVE TO DATE   CALENDAR YEAR ((JAN. 1 - DEC. 31)   CIP RECIVED THIS   CLIMILATIVE TO DATE   CALENDAR YEAR ((JAN. 1 - DEC. 31)   CIP RECIVED THIS   CLIMILATIVE TO DATE   CALENDAR YEAR ((JAN. 1 - DEC. 31)   CIP RECIVED THIS   CLIMILATIVE TO DATE   CALENDAR YEAR ((JAN. 1 - DEC. 31)   CIP RECIVED THIS   CLIMILATIVE TO DATE   CALENDAR YEAR ((JAN. 1 - DEC. 31)   CIP RECIVED THIS   CLIMILATIVE TO DATE   CALENDAR YEAR ((JAN. 1 - DEC. 31)   CIP RECIVED THIS   CLIMILATIVE TO DATE   CALENDAR YEAR ((JAN. 1 - DEC. 31)   CIP RECIVED THIS   CLIMILATIVE TO DATE   CALENDAR YEAR ((JAN. 1 - DEC. 31)   CALENDAR YEAR ((JAN. 1 - DE	IAME OF FILER						I.D. NU	IMBER	
ADTE   POLINGE SIRE ADDRESS MILE ADDRESS AND ADDRESS OF STREET ADDRESS AND ADDRESS OF SUSMESS	ANCY SMITH	FOR COUNCIL 2016					13819	987	
Sunnyvale, CA 94086				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YI	EAR	TC	DATE
Sunnyvale, CA 94087	03/21/2016		☐COM ☐OTH ☐PTY	Kuykendall Collision	250.00	2	50.00	G2016	\$250.00
San Jose, CA 95125	03/23/2016		☐COM ☐OTH ☐PTY		250.00	2	50.00	G2016	\$250.00
Cupertino, CA 95014  Cupertino, CA 95014  Cupertino, CA 95014  COM OTH PTY SCC  Ruth Silver Taube Sunnyvale, CA 94087  Cupertino, CA 95014  Evergreen Valley College  Evergreen Valley College  Sunnyvale, Ca 94087  Frofessor Santa Clara University  Socc  Socc	03/29/2016		☐COM ☐OTH ☐PTY		600.00	6	00.00	G2016	\$600.00
Sunnyvale, CA 94087  COM OTH STY SSCC  Santa Clara University	04/06/2016		☐COM ☐OTH ☐PTY		100.00	1	00.00	G2016	\$100.00
SURTOTAL \$ 1,450,00	04/17/2016		☐COM ☐OTH ☐PTY		250.00	3	50.00	G2016	\$350.00
SUBTOTAL D				SUBTOTALS	1,450.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		from 01/01/	•	FORM 460			
				through06/30/	2016	Page	_ of19		
IAME OF FILER						I.D. NUMBER			
ANCY SMITH E	FOR COUNCIL 2016					1381987			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR	ER ELECTION TO DATE F REQUIRED)		
05/06/2016	Lucas Ramirez Mountain View, CA 94040		Sales Person Online Sheet Music, Inc	100.00	10	0.00 G2016	\$100.00		
05/07/2016	Michael Serrone Sunnyvale, CA 94087		Program Manager Broadcom Ltd.	250.00	451	0.00 G2016	\$450.00		
05/11/2016	Susan Ellenberg SJ, CA 95126	☑IND □COM □OTH □PTY □SCC	Educator Yavneh Day School	100.00	101	0.00 G2016	\$100.00		
05/11/2016	Nancy Tivol Sunnyvale, CA 95087	☑IND □COM □OTH □PTY □SCC	Retired None	500.00	50	0.00 G2016	\$500.00		
05/15/2016	Mark Diaz Sunnyvale, CA 94085	☑IND □COM □OTH □PTY □SCC	Beekeeper Self	200.00	201	0.00 G2016	\$200.00		
			SUBTOTALS	1,150.00					

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

		from01/01/	2016	FORM 400		
			through 06/30/	2016 Page	8	of19
NAME OF FILER		<u></u>		I.D. N	UMBER	
NANCY SMITH FOR COUNCIL 2016				1381	.987	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	ELECTION TO DATE REQUIRED)
05/16/2016 Wade Smith Sunnyvale, CA 94086		Engineer Advanced Micro Device	200.00	631.93	G2016	\$631.93
05/22/2016 Tim Oey Sunnyvale, CA 94087		Program Manager Silver Spring Networks	250.00	250.00	G2016	\$250.00
05/22/2016 Elizabeth Smith Menlo Park, CA 94025		IT Manager Adobe Inc.	250.00	250.00	G2016	\$250.00
05/26/2016 Cathy Merrill Mountain View, CA 94043		None Retired	100.00	100.00	G2016	\$100.00
05/27/2016 Dale Hirstein Cullom, IL 60929		Retired None	200.00	650.00	G2016	\$650.00
		SUBTOTAL	1,000.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement cove	•	<sup>RNIA</sup> 460	
				through06/30/	<sup>'2016</sup>	Page9	of
NAME OF FILER						I.D. NUMBER	3
NANCY SMITH F	FOR COUNCIL 2016					1381987	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	.R	PER ELECTION TO DATE (IF REQUIRED)
06/02/2016	Chuck Hudson San Jose, CA 95125		Technical Pubs Manager NVIDIA Corporation	100.00		0.00 G20	
06/03/2016	James Taleya Sunnyvale, CA 94087		None Self	200.00	200	0.00 G203	L6 \$200.00
06/06/2016	Dale Hirstein Cullom, IL 60929		Retired None	200.00	650	0.00 G203	L6 \$650.00
06/06/2016	Liz Lopez-Aguado Sunnyvale, CA 94087		Consultant Self	200.00		0.00 G201	
06/18/2016	Manisha Shah Sunnyvale, CA 94087		Self None	200.00	200	0.00 G20	L6 \$200.00
			SUBTOTAL	\$ 900.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

01/01/2016

				from01/01/	2016	F	ORM	<b>-100</b>
				through06/30/	2016	Page	10 <b>o</b>	19
IAME OF FILER						I.D. NU	MBER	
ANCY SMITH E	FOR COUNCIL 2016					13819	87	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	TC	LECTION DATE QUIRED)
06/19/2016	Roy Rocklin Sunnyvale, CA 94087		Teacher Fremont Union High School District	100.00	1	00.00	G2016	\$100.00
06/23/2016	Jesus Aguillon Campbell, CA 95008		Software Manager Shoretel Networks	100.00	1	00.00	G2016	\$100.00
06/23/2016	Dan Culbert Los Gatos, CA 95032		Developer Apple Inc.	250.00	2	50.00	G2016	\$250.00
06/23/2016	Stan Hendryx Sunnyvale, CA 94086		Consultant Hendryx and Associates (self)	100.00	1	00.00	G2016	\$100.00
06/26/2016	Denis Gulsen Redwood Shores, CA 94065		Software development Workday, Inc.	100.00	1	00.00	G2016	\$100.00
			SUBTOTAL\$	650.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
------------	---------

CALIFORNIA

**FORM** 

Statement covers period

from

01/01/2016

				through 06/30/	2016	Page <sub>-</sub>	11	of19
NAME OF FILER						I.D. NU	MBER	
NANCY SMITH F	FOR COUNCIL 2016					13819	87	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE, (JAN. 1 - DEC. (	٩R	Т	ELECTION O DATE REQUIRED)
06/27/2016	Jodi Muirhead Santa Clara, CA 94051		School Board Trustee Santa Clara Unified School District	100.00	10	0.00	G2016	\$100.00
06/27/2016	Emily Ramos Mountain View, CA 94041	IND  COM  OTH  PTY  SCC	Coordinator The Tech Museum of Innovation	100.00	10	0.00	G2016	\$100.00
06/27/2016	Jack Walker Sunnyvale, CA 94087		Engineering manager Stellartech Research, Inc.	100.00	10	0.00	G2016	\$100.00
06/28/2016	Mary Bradley Sunnyvale, CA 94086	IND  COM  OTH  PTY  SCC	None Retired	500.00	50	0.00	G2016	\$600.00
06/28/2016	Roberta Guise San Francisco, CA 94131	☑IND □COM □OTH □PTY □SCC	Business Consultant Self	250.00	25	0.00	G2016	\$250.00
			SUBTOTAL\$	1,050.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from01/01/2016		california 460		
				through06/30/	2016	Page	c	f <u>19</u>
NAME OF FILER			L			I.D. NUM	BER	
NANCY SMITH F	FOR COUNCIL 2016					138198	7	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR 31)	TC (IF RI	ELECTION DATE EQUIRED)
06/28/2016	Michael Serrone Sunnyvale, CA 94087		Program Manager Broadcom Ltd.	200.00		0.00 G		\$450.00
06/29/2016	Jeffrey Cardenas San Jose, CA 95112		Self None	100.00	10	0.00 G	2016	\$100.00
06/29/2016	Carelle Karimimanesh San Mateo, CA 94402		Retired None	1,000.00	1,00	0.00 G	2016	\$1,000.00
06/30/2016	Terry Blumenthal Sunnyvale, CA 94087		None Retired	1,000.00		0.00 G		\$1,100.00
06/30/2016	Rick Kitson Sunnyvale, CA 94087		Communications Cupertino Chamber of Commerce	250.00	25	0.00 G	2016	\$250.00
			SUBTOTALS	\$ 2,550.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

#### Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole		from01/01/	•	CALIFORNIA A60		
				through06/30/	2016	Page _	13 of19	9
NAME OF FILER						I.D. NUI	MBER	
NANCY SMITH E	FOR COUNCIL 2016					13819	87	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRE	D)
06/30/2016	Mike Shum / Toyota Sunnyvale Sunnyvale, CA 94087		Manager Toyota Sunnyvale	500.00	5	500.00	G2016 \$	500.00
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
	SUBTOTAL\$ 500.00							

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

#### Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from 01/01/2016 CALIFORNIA 460through 06/30/2016 Page 14 of 19I.D. NUMBER

1381987

NANCY SMITH FOR COUNCIL 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	TO	LECTION DATE QUIRED)
Wade Smith Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Stamps	25.00	631.93	G2016	\$631.93
Wade Smith Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Paid T-Mobile mobile phone bill (20% campaign)	23.46	631.93	G2016	\$631.93
Wade Smith Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Paid T-Mobile mobile phone bill (30% campaign)	35.18	631.93	G2016	\$631.93
Wade Smith Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Stamp Sheets	23.52	631.93	G2016	\$631.93
	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Wade Smith Sunnyvale, CA 94086  Wade Smith Sunnyvale, CA 94086  Wade Smith Sunnyvale, CA 94086	ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Wade Smith Sunnyvale, CA 94086  Wade Smith Sunnyvale, CA 94086	CONTRIBUTOR   CODE   CODE	ZIP CODE OF CONTRIBUTOR   CODE *   CODE *   CONTRIBUTOR   CODE *   CODE *	CONTRIBUTOR   CODE *   CODE *   CONTRIBUTOR   CODE *   CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *  CODE *  CODE *  CONTRIBUTOR CODE *  CODE *  CODE *  CONTRIBUTOR CODE *  CODE *  CONTRIBUTOR CODE *  CODE *  CODE *  CODE *  CONTRIBUTOR CODE *  CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE * CONTRIBUTOR CODE * CODE

#### **Schedule C Summary**

1.	. Amount received this period – itemized nonmonetary contributions.		
	(Include all Schedule C subtotals.)	. \$ _	803.86
	,	•	
2.	. Amount received this period – unitemized nonmonetary contributions of less than \$100	. \$ _	81.14
3.	. Total nonmonetary contributions received this period.		

\*Contributor Codes

IND - Individual

885.00

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

		SCHEDULE C (CONT.
Staten	nent covers period	CALIFORNIA 460
from	01/01/2016	FORM 40U
through_	06/30/2016	Page15 of19
		I.D. NUMBER
		1381987

NANCY SMITH FOR COUNCIL 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY SMI	TH FOR COUNCIL 2016					138198	/	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELEC TO DA (IF REQU	TE
03/13/2016	Wade Smith Sunnyvale, CA 94086	☑IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Thank you cards	43.23	631.93	G2016	\$631.93
03/27/2016	Wade Smith Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Paid T-Mobile mobile phone bill (40% campaign)	46.91	631.93	G2016	\$631.93
04/27/2016	Wade Smith Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Paid T-Mobile mobile phone bill (50% campaign)	58.64	631.93	G2016	\$631.93
05/25/2016	Terry Fowler Sunnyvale, CA 94087	IND  COM  OTH  PTY  SCC	None Retired	1,000 brochures from Pacific Printing	371.93	371.93	G2016	\$471.93
05/27/2016	Wade Smith Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Paid T-Mobile mobile phone bill (60% campaign)	70.37	631.93	G2016	\$631.93
Attach ac	Iditional information on appropriately labe	led continuat	tion sheets.	SUBTOTAL \$	591.08			

Amounts may be rounded to whole dollars.

		SCHEDULE C (CONT.)
State	ment covers period	CALIFORNIA 160
from	01/01/2016	FORM 40U
through	06/30/2016	Page 16 of 19
_		I.D. NUMBER
		1381987

NANCY SMITH FOR COUNCIL 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY SMIT	TH FOR COUNCIL 2016					1381987	7
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/28/2016	Wade Smith Sunnyvale, CA 94086		Engineer Advanced Micro Device	Stamp sheets ML9677, ML9678	23.52	631.93	G2016 \$631.93
06/27/2016	Wade Smith Sunnyvale, CA 94086	☑IND □COM □OTH □PTY □SCC	Engineer Advanced Micro Device	Paid T-Mobile mobile phone bill (70% campaign)	82.10	631.93	G2016 \$631.93
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach ad	Iditional information on appropriately labe	led continuat	ion sheets.	SUBTOTAL \$	105.62	_	

Schedule E
Payments Made

#### Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2016	FORM TOO
through06/30/2016	Page of
	I.D. NUMBER
	1381987

NAME OF FILER

NANCY SMITH FOR COUNCIL 2016

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	FIL	Initial check	50.00
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	WEB	Domain name registration	15.98
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	WEB	Web host	21.87

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 87.85

#### **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	4,888.18
2. Unitemized payments made this period of under \$100\$_	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$_	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	4,888.18

Schedule E	
(Continuation Sheet)	)
Payments Made	

#### Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2016	FORM 400
through06/30/2016	Page 18 of 19
	I.D. NUMBER
	1381987

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY SMITH FOR COUNCIL 2016

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

THO phone banks

FIND fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	СМР	Remit envelopes and business cards	315.38
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	СМР	Political Data Inc.	2,500.00
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	PRO	PR and Crisis Management	1,250.00
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	СМР	Reimbursement for voter file from Registrar of Voters	92.00
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	СМР	Political Data Inc.	300.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAI

Schedule E	
(Continuation She	et)
Payments Made	-

#### Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2016	FORM TOO
through06/30/2016	Page 19 of 19
	I.D. NUMBER

1381987

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY SMITH FOR COUNCIL 2016

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events POL independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
NANCY SMITH FOR COUNCIL 2016 (ID# 1381987) Sunnyvale, CA 94086	CMP	Credit card processing fees from 1/1 to 6/30/16	342.95

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

342.95