

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Dana Claire Smith for Daly City Council 2016</i>		Date of This Filing <i>08/16/16</i> Report No. <i>1</i> - 2016 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <i>1</i>	CITY OF DALY CITY CITY CLERK AUG 16 P 4:54 RECEIVED
AREA CODE/PHONE NUMBER <i>650</i>	I.D. NUMBER (if applicable) <i>Pending</i>	CALIFORNIA FORM 497 For Official Use Only	
STREET ADDRESS _____			
CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94014</i>	

1. Contribution(s) Received

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
<i>08/15/16</i>	<i>Dana Claire Smith Daly City, CA 94014</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Landlord self CI rent & rooms in my house.)</i>	<i>\$ 2,000</i> <input checked="" type="checkbox"/> Check if Loan <i>0</i> % Provide interest rate
<i>08/15/16</i>	<i>Judith A. Christensen Daly City, CA 94014</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>City Council member City of Daly City</i>	<i>\$ 4,000</i> <input checked="" type="checkbox"/> Check if Loan <i>0</i> % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

****Contributor Codes**

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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NAME OF FILER
Dana Claire Smith for Daly City Council 2016

AREA CODE/PHONE NUMBER
650-

I.D. NUMBER (if applicable)
Pending

STREET ADDRESS
Daly City

CITY STATE ZIP CODE
Daly City CA 94014

Date of This Filing _____

Report No. 2

Amendment to Report No. _____
(explain below)

No. of Pages 1

CITY OF DALY CITY 497 CONTRIBUTION REPORT

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CITY OF DALY CITY CALIFORNIA FORM 497

2016 AUG 17 P 3:12

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1. Contribution(s) Received

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
<i>08/16/16</i>	<i>Renato Satorre Daly City, CA 94015</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>owner Health Professionals, Inc</i>	<i>\$1,000</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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497 CONTRIBUTION REPORT

NAME OF FILER <i>Dana Claire Smith for Daly City Council 2016</i>		Date of This Filing <i>09/20/16</i>	CITY OF DALY CITY CLERK 2016 SEP 20 P 3:23 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>650</i>	I.D. NUMBER (if applicable) <i>1390118</i>	Report No. <i>3</i>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94014</i>	No. of Pages <i>1</i>	

1. Contribution(s) Received

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
<i>09/19/16</i>	<i>Dana Claire Smith for Daly City Council 2016 Daly city CA 94014</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Owner, Landlord Rents Rooms in my house</i>	<i>\$500</i> <input checked="" type="checkbox"/> Check if Loan <i>0</i> % Provide interest rate
<i>09/20/16</i>	<i>Dana Claire Smith for Daly City Council 2016 Daly City, CA 94014</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Owner, Landlord I rent Rooms in my house</i>	<i>\$700</i> <input checked="" type="checkbox"/> Check if Loan <i>0</i> % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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CITY OF DALY CITY
CITY CLERK

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2016 OCT 10 A 10:14

497 CONTRIBUTION REPORT

NAME OF FILER <i>Dana Claire Smith for Daly City Council</i>		Date of This Filing <i>10/8/16</i>	Date Stamp RECEIVED <i>emailed 10/8/2016</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>650 - [redacted]</i>	I.D. NUMBER (if applicable) <i>1390118</i>	Report No. <i>4</i>		
CITY <i>Daly City</i>	STATE <i>CA</i>	ZIP CODE <i>94014</i>	No. of Pages <i>1</i>	

1. Contribution(s) Received

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
<i>10/07/16</i>	<i>Charles Chen</i> [redacted] <i>South San Francisco, CA 94080</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>owner</i> <i>HC Design</i>	<i>\$1,000</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
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emailed 11/09/16
(Signature)

NAME OF FILER Dana Claire Smith for Daly City Council 2016		Date of This Filing 11/09/16	CITY OF DALY CITY Date Started CITY CLERK 2016 NOV 10 P 1:43 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1390118	Report No. 4		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
Daly City	CA	94014	No. of Pages 1	

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11/08/16	Point Martin 4369 Lilac Ridge Road San Ramon, CA 94582	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
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