Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM **460**

Date Stamp

CITY OF DALY CITY
CITY CLERK

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Page __1__ of __9__

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SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from __09-25-16__	
through __10-22-16__	__11-08-16__

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee
  ○ State Candidate Election Committee
  ○ Recall
  (Also Complete Part 5)

☐ General Purpose Committee
  ○ Sponsored
  ○ Small Contributor Committee
  ○ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
  ○ Controlled
  ○ Sponsored
  (Also Complete Part 6)

☐ Primarily Formed Candidate/ Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
  (Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER __1390118__

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dana Claire Smith for Daly City Council 2016

STREET ADDRESS ....ve

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94014	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
3

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Daly City	CA	94017	

OPTIONAL: FAX / E-MAIL ADDRESS Dana94014@gmail.com

Treasurer(s)

NAME OF TREASURER Judith A. Christensen

MAILING ADDRESS ...e

CITY Daly City   CA   ZIP CODE 94014 6...

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on __10/25/16__   Date

Executed on __10/27/2016__   Date

Executed on ____ Date

Executed on ____ Date

By ____

By ____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By ____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By ____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Officer of Sponsor

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Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dana Claire Smith

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Daly City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

_____ , Daly City CA 94014

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period

from **09/25/16**

through **10/22/16**

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Dana Claire Smith for Daly City Council 2016

I.D. NUMBER 1390118

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions .... Schedule A, Line 3	$ 3,225.00	$ 7,504.00
2.	Loans Received .... Schedule B, Line 3	0	7,200.00
3.	SUBTOTAL CASH CONTRIBUTIONS .... Add Lines 1 + 2	$ 3,225.00	$ 14,704.00
4.	Nonmonetary Contributions .... Schedule C, Line 3	148.74	148.74
5.	TOTAL CONTRIBUTIONS RECEIVED .... Add Lines 3 + 4	$ 3,373.74	$ 14,852.74

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

		1/1 through 6/30	7/1 to Date
20.	Contributions Received	$	$
21.	Expenditures Made	$	$

Expenditures Made

		Column A	Column B
6.	Payments Made .... Schedule E, Line 4	$ 2,286.18	$ 10,926.44
7.	Loans Made .... Schedule H, Line 3	0	0
8.	SUBTOTAL CASH PAYMENTS .... Add Lines 6 + 7	$ 2,286.18	$ 10,926.44
9.	Accrued Expenses (Unpaid Bills) .... Schedule F, Line 3	0	
10.	Nonmonetary Adjustment .... Schedule C, Line 3	148.74	148.74
11.	TOTAL EXPENDITURES MADE .... Add Lines 8 + 9 + 10	$ 2,434.92	$ 11,075.18

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

Current Cash Statement

12.	Beginning Cash Balance .... Previous Summary Page, Line 16	$ 2,838.76
13.	Cash Receipts .... Column A, Line 3 above	3,225
14.	Miscellaneous Increases to Cash .... Schedule I, Line 4	0
15.	Cash Payments .... Column A, Line 8 above	2,286.18
16.	ENDING CASH BALANCE .... Add Lines 12 + 13 + 14, then subtract Line 15	$ 3,777.58

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17.	LOAN GUARANTEES RECEIVED .... Schedule B, Part 2	$ 0

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents .... See instructions on reverse	$ 0
19.	Outstanding Debts .... Add Line 2 + Line 9 in Column B above	$ 0

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period	
from	09/25/16
through	10/22/16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dana Claire Smith for Daly City Council 2016

I.D. NUMBER
1390118

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)	PER ELECTION TO DATE (IF REQUIRED)
10/07/16	Timothy Louie 1 ___ St. San Francisco, CA 94109	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO / Partner Ice Husky, Inc	$200	$200	
10/07/16	Richard Huertas ___ Daly City, CA 94014	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	$100	
10/02/16	Duggan's Serra Mortuary 500 Westlake Ave. Daly City, CA 94014	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$200	$200	
10/07/16	Adrienne Tissier ___ Daly City, CA 94015	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	San Mateo County Supervisor San Mateo County	$200	$200	
10/08/16	Alice Ransom ___ ve Daly City, CA 94015	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Home Stager Ransom Staging Paralegal self employed	$100	$100	

SUBTOTAL $ 800.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ....$ 2,800.00

2. Amount received this period – unitemized monetary contributions of less than $100 ....$ 425.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......................TOTAL $ 3,225.00

*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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 09/25/16

through 10/22/16

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FORM **460**

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NAME OF FILER
Dana Claire Smith for Daly City Council 2016

I.D. NUMBER
1390118

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)	PER ELECTION TO DATE (IF REQUIRED)
09/25/16	Vincent Agbavani Daly City, CA 94014	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Agbayani Construction	$500	$500	
09/25/16	Larry Nibbi Hillsborough, CA 94010	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Nibbi Bros. Associates	$500	$500	
10/07/16	Charles Cheng, South San Francisco, CA 94080	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	H.C. Designs Owner	$1,000	$1,000	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 2,000

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Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Dana Claire Smith for Daly City Council 2016

I.D. NUMBER: 1390118

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dana Claire Smith Daly City, CA 94014 ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Rent out 2 rooms in my house	$2,000	$ ∅	☐ PAID $∅ ☐ FORGIVEN $∅	$2,000 12/31/16 DATE DUE	∅ % RATE $∅	$2,000 08/15/16 DATE INCURRED	CALENDAR YEAR $3,200 PER ELECTION** $
Judith A. Christensen Daly City, CA 94014 ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember City of Daly City	$4,000	$ ∅	☐ PAID $∅ ☐ FORGIVEN $∅	$4,000 12/31/16 DATE DUE	∅ % RATE $∅	$4,000 08/15/16 DATE INCURRED	CALENDAR YEAR $4,000 PER ELECTION** $
Dana Claire Smith Daly City, CA 94014 ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Rent out 2 rooms in my house	$500	$ ∅	☒ PAID $∅ ☐ FORGIVEN $∅	$500 12/31/16 DATE DUE	∅ % RATE $∅	$500 09/19/16 DATE INCURRED	CALENDAR YEAR $3,200 PER ELECTION** $

SUBTOTALS $ 0 $ 0 $ 6,500 $ 0

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

1. Loans received this period ....$ ∅
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period...$ ∅
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ....NET $ ∅
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA FORM 460
from 09/25/16	
through 10/22/16	Page 7 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dana Claire Smith for Daly City Council 2016

I.D. NUMBER
1390118

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dana-Claire Smith e Daly City, CA 94014 ⊠ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Rent 2 rooms in my house	$ 700	$ -0-	☐ PAID $ -0- ☐ FORGIVEN $ -0-	$ 700 12/31/16 DATE DUE	-0- % RATE $ -0-	$ 700 09/20/16 DATE INCURRED	CALENDAR YEAR $ 3,200 PER ELECTION** $
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

SUBTOTALS $ 0 $ 0 $ 700 $

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ....$ -0-
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ....$ -0-
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) ....NET $ -0-
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
   (other than PTY or SCC)
OTH – Other (e.g., business entity)
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SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period

from 09/25/16

through 10/22/16

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dana Claire Smith for Daly City Council 2016

I.D. NUMBER

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)
10/05/16	Dana Claire Smith Daly City, CA 94014	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired / Rent 2 rooms in my house	food for campaign workers	$48.74	$2,648.74	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $148.74

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.)......................................$ 148.74

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ....$ 0

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)....................TOTAL $ 148.74

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dana Claire Smith for Daly City Council 2016

I.D. NUMBER
1390118

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Spotlight Design and Printing 725 Bryant Street San Francisco, CA 94107	LIT			1,325.63
Stamp Fulfillment Services 8300 NE Underground Drive, Pillar 210 Kansas City, MO 64144	POS		Reimbursement payment to Judith Christensen ... DC, CA 94014	960.55

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

SUBTOTAL $ 2,286.18

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 2,286.18
2. Unitemized payments made this period of under $100 .... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... TOTAL $ 2,286.18

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