

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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|------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| NAME OF FILER NANCY SMITH FOR COUNCIL 2016 | | Date of This Filing 09/02/2016 | Date Stamp | <div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;"> E-Filed 09/02/2016 18:11:03 Filing ID: 161395148 </div> | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (408) 455-8672 | I.D. NUMBER (if applicable) 1381987 | Report No. 1 | | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | | |
| CITY Sunnyvale | STATE CA | ZIP CODE 94086 | No. of Pages 1 | | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 09/02/2016 | Terry Fowler Sunnyvale, CA 94087 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | None Retired | 1,022.00 <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 |

*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: _____