497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
Nancy Smith for Council 2016

AREA CODE/PHONE NUMBER
408-455-8672

I.D. NUMBER *(if applicable)*
1381987

STREET ADDRESS

CITY
Sunnyvale

STATE
CA

ZIP CODE
94086

Date of This Filing 9/19/16

Report No. 2

☐ **Amendment to Report No.** _____
(explain below)

No. of Pages 1

Date Stamp
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CITY OF SUNNYVALE

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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
9/16/16	Dale Hirstein Cullom IL 60929	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	1000 ☐ Check if Loan _____% Provide interest rate
9/17/2016	Nancy Smith Sunnyvale CA 94086	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Program Manager NVIDIA Corporation	3200.28 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

**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