Recipient Committee Campaign Statement Cover Page 10/25/22 COVER PAGE

CALIFORNIA 460

FORM

Cover age			LOS ANGELES COL Page 1 of 14
	Statement covers period	Date of election if applicable:	LOS ANGELES COUPAGE 1 of 14
•	from 09/25/2022	(Month, Day, Year)	2027 OCT 25 RM 3 04 For Official Use Only
		1	2011 00120
SEE INSTRUCTIONS ON REVERSE	through10/22/2022	11/08/2022	CAMPAIGN FINANCE 1727
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
O State Candidate Election Committee O Recaft (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Sponsored Formed Candidate/ officeholder Committee Sponsored Spo	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)
3. Communes information	NUMBER 448820	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	110020	NAME OF TREASURER	
Nancy Smith for PSD School Board 2022		Kathleen L. Duren	
		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
,		Palmdale	CA 93550 (661) 317-1694
CITY STATE ZIP COD	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	
Palmdale CA 93551	(760) 641-6841		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
"\			
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS
nksmith@verizon.net		kathe7504@live.com	
 Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C 	g this statement and to the best of multiplication of the best of multiplication of the best of multiplication of the best of	maudadas the information contained	Leavin and in the attached schedules is true and complete. I
Executed on 10/24/2022	Ву		
Executed on 10/24/2022 Date	Ву		if Sponsor
Executed on	Ву	ignature of Controlling Officeholder, Candidate, S	State Measure Proponent
Executed on	Ву	ignature of Controlling Officeholder, Candidate,	State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	ORNIA DRM	4	60				
Page _	2	of	14				

. Officeholder or Candidate Co	ontrolled Committee	:		6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDAT	E				NAME OF BALLOT MEASURE				
Nancy K Smith									
OFFICE SOUGHT OR HELD (INCLUDE LO	CATION AND DISTRICT NUM	IBER IF APPLICABLE	=)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE	
Governing Board Member Palmda	ale School District 19-	64857				L		THE OFFICE	
RESIDENTIAL/BUSINESS ADDRESS (NO	•	STATE	ZIP		Identify the controlling officel	nolder, candida	ate, or state measure	proponent, if any.	
	Palmdale	CA	93551		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
							-		
Related Committees Not Inclined included in this statement that are contributions or make expenditures on	controlled by you or are p	rimarify formed to	nmittees receive		OFFICE SOUGHT OR HELD		DISTRICT	NO, IF ANY	
COMMITTEE NAME	I.D.	NUMBER						·	
	-								
				7	Primarily Formed Cand	oniffO/atchi	halder Committee	A Liet names of	
NAME OF TREASURER	COL	NTROLLED COMMIT	TEE?	٠.	officeholder(s) or candidate(s)	for which this o	ommittee is primarily f	ormed.	
· ·	[YES NO							
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE	
CITY	STATE ZIP CODE	AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	ELD D	
							,	SUPPORT OPPOSE	
COMMITTEE NAME	I.D.	NUMBER			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE	
NAME OF TREASURER	- COI	NTROLLED COMMIT	TEE?	-	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	ELD CLUPPOPT	
		YES NO						SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)		V						
CITY	STATE ZIP CODE	AREA COD	E/PHONE		Attac	ch continuation	n sheets If necessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

aternent covers period CALIFORNIA 4 CO

Statement covers period	CALIFORNIA AGO
from09/25/2022	FORM 400
through10/22/2022	Page 3 of 14
1100	I.D. NUMBER
	1440000

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nancy K Smith

Nancy K Smill			1440020
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 Printer And
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$2,600.00	General Elections 1/1 through 6/30 7/1 to Date
2. Loans Received	0.00	2,000.00	1
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$0.00	\$4,600.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$0.00	\$4,600.00	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$120.00	\$2,920.00	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$120.00	\$2,920.00	(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 Schedule C, Line 3	0.00	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$120.00	\$2,920.00	·
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$1,800.00	To calculate Column B.	
13. Cash Receipts	0.00	add amounts in Column A to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	120.00	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$1,680.00	be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$0.00	411 <i>y</i> ,	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$2,000.00		FPPC Form 460 (Jan/201
	v.	1	FPPC Advice: advice@fppc.ca.gov (866/275-377
			www.fppc.ca.g

Schedule	chedule A		ts may be rounded			SCHEDULE		
	Contributions Received	to	whole dollars.	Statement co	CALIF FO	ORNIA Z RM	160	
	,			through1	0/22/2022	Page _	4 of	14
NAME OF FILER	NS ON REVERSE			2,		I.D. NUM		
	an ide							
Nancy K Sr	nith	 				144882	0	
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 T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELEC TO DAT (IF REQUI	E
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC					^	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC		,				
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	0.00				
Schedule A	A Summary				(*Coi	ntributor Co	des	$\overline{}$
1. Amount red	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	0.00	IND	– Individual M – Recipiei		
2. Amount red	ceived this period – unitemized monetary contribution	ns of less than	s \$100\$	0.00		l – Other (e	.g., business	
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col					′ – Political I C – Small Co	Party ontributor Co	mmittee

FPPC Form 460 (Jan/2016)

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

		Amounts may		SCHEDULE A (CONT.)					
Monetary	Contributions Received	to whole o	ioliars.	Statement coverage from 09/25	ers period 5/2022		ORM 460		
				through10/2	22/2022	Page _	of14		
NAME OF FILER						I.D. NUI	,		
Nancy K Sm	nith					14488	20		
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 REQUIRED)		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC					-		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		-			,		
-		☐IND ☐COM ☐OTH ☐PTY ☐SCC				,	,		
		□IND □COM □OTH □PTY □SCC			-				

SUBTOTAL \$

*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

	$\overline{}$						201151	DIUED DADT4
Schedule B – Part 1 Loans Received	Am	Amounts may be rounded to whole dollars.				ers period 5/2022	CALIFORN FORM	IA 460
SEE INSTRUCTIONS ON REVERSE					through10/	/22/2022	Page 5	of 14
NAME OF FILER				,			I.D. NUMBER	
Nancy K Smith					`		1448820	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Nancy K Smit	Retired			☐ PAID		,		CALENDAR YEAR
Palmdale, CA 93551				\$0.00	0 \$ 2,000.00	0_%	\$ <u>2,000.00</u>	\$_2,000.00
, annuals, or todoo				FORGIVEN		RAIE		PER ELECTION**
† IND COM OTH PTY SCC		\$ <u>2,000.00</u>	s0.00	\$0.0	0 12/31/2022 DATE DUE	\$	07/20/2022 DATE INCURRED	\$_2,000.00
		1		☐ PAID	/			CALENDAR YEAR
				\$	_ \$	%	s	\$
				☐ FORGIVEN		RATE		PER ELECTION **
TO IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				s	_ \$	%	s	\$
				☐ FORGIVEN		RATE		PER ELECTION**
†□IND □COM □OTH □PTY □SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$	0.00	0.0	00\$ 2,000.00	\$ (0	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				. \$	0.00			
(Total Column (b) plus uniternized loan	s of less than \$100.)	,	•••••			<u></u>	Contributor Codes	
2. Loans paid or forgiven this period	-	(e	0.00	1 .	ND – Individual	
(Total Column (c) plus loans under \$10				Ф —	3.00		COM - Recipient Co	ommittee PTY or SCC)
(Include loans paid by a third party tha		dule A.)				0	other than i) TH – Other (e.g., l	

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

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

Schedúle B – Part 2 ₋oan Guarantors		Amounts may be rounded to whole dollars.			nent covers period 09/25/2022	CALIFOR FORM	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			:	through _	10/22/2022	Page6	of 14		
NAME OF FILER						I.D. NUMBER	1		
Nancy K Smith						1448820			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□IND □COM		LENDER			CALENDAR YEAR			
,	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)			
	□scc					\$			
	□ IND □ COM		LENDER			\$			
	□OTH □PTY □SCC		DATE		į	PER ELECTION (IF REQUIRED)			
						\$CALENDAR YEAR			
	□IND □COM		LENDER		ļ	\$	į.		
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)			
	□scc					\$			
	□IND		LENDER			CALENDAR YEAR			
	□сом □отн		DATE			PER ELECTION (IF REQUIRED)			
	□PTY □SCC					\$			
			SUE	STOTAL S	0.00	Enter on Summary Page, Line 17 only.			

SCHEDULE B - PART 2

Schedule C			Amounts may be rounded		SCHEDULE				
Nonmone	etary Contributions Received		to whole dollars.	Γ	Sta	atement covers	period	CALIF	ORNIA 460
•					from <u>09/25/2022</u> through <u>10/22/2022</u>		22	FO	RM 400
			,				022	Page	7 of 14
NAME OF FILER	ONS ON REVERSE	· · · · · · · · · · · · · · · · · · ·				9		I.D. NUME	
Nancy K Sm	uith							1448820)
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 O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CALEND/	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC	-				,		
		□IND □COM □OTH □PTY □SCC	1						
	,) ,	☐IND ☐COM ☐OTH ☐PTY ☐SCC	·				_		
Attach additi	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL\$	0.00			
Schodulo (C Summary								
1. Amount re	ceived this period – itemized nonmonetar I Schedule C subtotals.)	y contribution	s.		\$	000	IND		l nt Committee
2. Amount re	ceived this period – unitemized nonmone	tary contributi				0.00			nan PTY or SCC) .g., business entity) Party
	nonetary contributions received this periods in and 2. Enter here and on the Summan		nn A, Lines 4 and 10.)	TOTAL	L \$	0.00		- Small Co	ontributor Committee

Supportin	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do		Statement covers from09/25/2 through10/22	CALIFORNIA 460 FORM Page 8 of 14		
NAME OF FILER						I.D. NUME	3ER
Nancy K Sm	ith					144882	.0
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose Support Oppose						
			SUBTOTAL	\$ 0.00			
1. Itemized co	D Summary ontributions and independent expenditures made			•			0.00
	b contributions and independent expenditures made thi	·					0,00

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement covers from	2022	SCHEDULE D (CONT.) CALIFORNIA 460 FORM Page 9 of 14 I.D. NUMBER		
Nancy K Sn	mith					144882	0	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTIO TO DATE (IF REQUIRED	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	ì					
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure						
			SUBTOTAL	\$ 0.00				

Schedule E	Amounts may be rounded							HEDULE E
Payments Made	to whole do			Statem	ent covers period	CALIFORNIA 46		
- aymonto mado				from	09/25/2022		KIVI	
CET INSTRUCTIONS ON DEVELOR				through_	10/22/2022	Page _	10 of	14
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUM	BER	
Nancy K Smith						144882	0	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	s the payment, you MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deliv PRO professional so PRT print ads	munications d appearances es ating urvey research very and mes	h senger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	ibe the payment. airtime and production of the contributions aign workers' salaries cable airtime and producte travel, lodging, and spouse travel, lodging, and for between committees registration nation technology costs	uction costs d meals and meals of the sam	e candidate/	/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR [DESCRIPTION OF PA	AYMENT		AMOUN	NT PAID
Donjo Sign Service, Inc Antonio Pineda		CMP	Installing 4' X 8	' plywood signs				120.00
Lancaster, CA 93536			<u></u>					
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUI	BTOTAL \$		120.00
Schedule E Summary								
1. Itemized payments made this period, (Include all Schedule	E subtotals.)					\$		120.00
2. Unitemized payments made this period of under \$100	-					\$		0.00
3. Total interest paid this period on loans. (Enter amount from						\$		0.00

120.00

SCHEDL	JLE E	(CONT.)
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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy K Smith					Statement covers period CALIFORNIA FORM					
CODES: If one of the following codes accurately describes 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 community meetings and office expens petition circular phone banks POL postage, delivered member community petition circular phone banks polling and suppostage, delivered member community meetings and postage.	munications appearances es	enger services	RA RFI SAI TEI TRI TRI TSI VO	oradio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committe	n costs duction costs nd meals , and meals es of the same	e candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	₹	DESCRIPT	ION OF PAYMENT		AMOUNT PAID			
					/					
,			J							
			,							
.,					,					
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.				SUBTOTAL	3			

•					SCHEDULE F				
Schedule F Amounts may be rounded to whole dollars.				Statement covers period CALIFORI					
Accrued Expenses (Unpaid Bills)			from09/25	5/2022	FORM 400				
SEE INSTRUCTIONS ON REVERSE			through10/2	22/2022	Page 11 of 14				
NAME OF FILER					I.D. NUMBER				
Nancy K Smith									
CODES: If one of the following codes accurately describe 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	RAD radio airtime at returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra transfer betwee VOT voter registration teo.	nd production cos butions kers' salaries time and product el, lodging, and mavel, lodging, and en committees of on hnology costs (in	ion costs neals I meals I the same candidate/sponsor ternet, e-mail)						
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT)	DD BALANCE AT CLOSE				
	J								
	~	-							
			,						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	;	\$	5	\$				
Schedule F Summary									
Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ 0.00									
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)				PAID TOTA	LS\$0.00				
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)				N	ET\$0.00				

Schedule F	Amounts may be rounded		SCHEDULE F (COI					
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	fron	Statement covers period n 09/25/2022	CALIFORNIA 460				
, , , ,		thro	ough10/22/2022	Page of14				
NAME OF FILER				I.D. NUMBER				
Nancy K Smith				1448820				
CODES: If one of the following codes accurately	describes the payment, you may enter the cod	e. Otherwise,	describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD	radio airtime and production of	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 produ					
FIL candidate filing/ballot fees	PHO phone banks	TRC	candidate travel, lodging, and	meals				

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

POL polling and survey research

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

independent expenditure supporting/opposing others (explain)*

FND fundraising events

campaign literature and mailings

LEG legal defense

IND

LIT

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
·		-			
	SUBTOTALS	\$	\$	\$	\$

VOT voter registration

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

Schedule G									SCHEDULE
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.			Statement covers period from 09/25/2022			1	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					throu	ıgh	10/22/2022	Page 1	2 of 14
NAME OF FILER Nancy K Smith	· · · · · · · · · · · · · · · · · · ·		-	,	. 			I.D. NUMBE 1448820	R
NAME OF AGENT OR INDEPENDENT CONTRACTOR									
CODES: If one of the following codes accurately describes 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 * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings at OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	mmunication appearance sulating (s survey res elivery and al services (s servi	ons Inces	rvices	RAD RFD RFD RFD RFD RFD RFD RFD RFD RFD RF	radio air returned campaig t.v. or ca candidat staff/spo transfer voter rec	time and production contributions in workers' salaries ble airtime and product travel, lodging, and use travel, lodging, between committee gistration ion technology costs	duction costs d meals and meals s of the same c	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESC	RIPTION	OF PAYN	MENT .		AMOUNT PAID
	,						· · · · · · · · · · · · · · · · · · ·		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

		_						SCHEDULE	
Schedule H Loans Made to Others*			nay be rounded ble dollars.		Statement co	vers period 25/2022	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE						/22/2022	Page 13	of 14	
NAME OF FILER					3		I.D. NUMBER		
Nancy K Smith							1448820		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(ā) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
(☐ PAID				CALENDAR YEAR	
				s	\$	%	\$	\$	
•				FORGIVEN	1	RATE		PER ELECTION**	
		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$	_ \$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
		\$	\$	\$.	\$		\$	
					DATE DUE		DATE INCURRED		
*Loans that are contributions to another candidate									
also be summarized on Schedule D. Loans forgive reported on Schedule E.	m must also be	SUBTOTALS	\$	\$	\$	\$			
						(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
1. Loans made this period					\$	0.00			
(Total Column (b) plus unitemized loan							İ	**If Required	
Payments received on loans (Total Column (c) plus unitemized payments					\$	0.00	-		
3. Net change this period. (Subtract Line 2	2 from Line 1.)				NET \$	0.00	_		
(Enter the net here and on the Summa						ay be a negative number)		,	

Schedule		Amounts may be rounded to whole dollars.			nt covers period	SCHEDULE	
Miscellane	eous Increases to Cash	to whole doll	ars.			CALIFORNIA 460	
				from	09/25/2022		
SEE INSTRUCTION	NS ON REVERSE			through	10/22/2022	Page 14 of 14	
NAME OF FILER						I.D. NUMBER	
Nancy K Smit	h					1448820	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DES	SCRIPTION OF RE	ECEIPT	AMOUNT OF INCREASE TO CASH	
•							
37							
				,			
					J		
· · · · · · · · · · · · · · · · · · ·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Attach addit	ional information on appropriately labeled continuation sheets.				SUBTOTAL	.	
Schedule i	Summary						
1. Itemized inc	creases to cash this period				\$0.00		
2. Unitemized	increases to cash of under \$100 this period						
Total of all i	nterest received this period on loans made to others. (Sche	edule H, Column	(e).)		\$0.00		
	llaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)			TOTAL	\$0.00		