Campaign Statement **Recipient Committee**

Type or print in ink. Date Stamp FICE ARITA 3 AM (1108 COVER PAGE

(Government Code Sections 84200-84216.5)					FORM
	Statement covers period from 01/01/2016	Date of election if applicable: (Month, Day, Year)	DITY	CITY OF 2016 (1 / 22 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2016	11/08/2016			
1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4. Officeholder, Candidate Controlled Committee Ballot Measure Committee O Primary Formed O Controlled O Controlled	mittees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Statement: Pre-election Statement Semi-annual Statement Termination Statement Amendment (Explain below)	ent: ment ment nent nent		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D.NUMBER 1385277	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Cameron Smyth For City Council 2016	TEE	Mrs. Kelly Lawler Mailing address			
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my known is true and complete. I certify under perally of parity and the laws of the Executed on 1/3//// By Executed on 1/26/// By	and reviewing this statement and to th	ne best of my knowledge the info	information containe	d herein and	ledge the information contained herein and in the attached schedules
Executed on By					

DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on_

DATE

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SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE

Summary Page		Amounts m to who	Amounts may be rounded to whole dollars.	Statement from	Statement covers period	CALIFORNIA 460	0
SEE INSTRUCTIONS ON REVERSE				through		3/25	
NAME OF FILER Cameron Smyth For City Council 2016						I.D. NUMBER 1385277	
Contributions Received		Colu TOTAL TH (FROM ATTACH	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Su Running in Both t General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	tes
Monetary Contributions Loans Received	Schedule A, Line 3 Schedule B. Line 7	₩	51042.14 10000.00	\$ 51042.14	1/1	1/1 through 6/30 7/1 to Date	ate
	Add Lines 1+2	69	61042.14	\$ 61042.14	20. Contribution Received \$	0.00 \$	0.00
Nonmonetary Contributions TOTAL CONTRIBUTIONS RECEIVED	Schedule C, Line 3 Add Lines 3 + 4		1099.72	\$ 62141.86	21. Expenditures Made \$	0.00 \$	0.00
Expenditures Made 6. Payments Made	Schedule E, Line 4	€	9234.81	\$9234.81_	Expenditure Lin	Limit Summary for State	19
	Schedule H, Line 7		0.00	0.00	22. Cumuli (If Subject t	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	⊕ e
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		1099.72	1099.72	(minbdoyy)		
MADE	Add Lines 8 + 9 + 10	69	10334.53	\$ <u>10334.53</u>		\$	
Current Cash Statement						₩.	
12. Beginning Cash Balance Previous Sum 13. Cash Receipts Colu	Previous Summary Page, Line 16 Column A. Line 3 above	69	61042.14	To calculate Column B, add amounts in Column A to the corresponding amounts		f n	
Miscellaneous Increases to Cash	Schedule I, Line 4		0.00	from Column B of your last		59	
Cash Payments Colu	Column A, Line 8 above	ĺ	9234.81	Column A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	nen subtract Line 15	₩	51807.33	figures that should be subtracted from previous period amounts. If this is the first report being filed		φ. •	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	0.00	for this calendar year, only carry over the amounts			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See ins	ebts See instructions on reverse	5 9	0.00	any).	*Since January 1, 20 different from amoun	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.	nay be
Outstanding Debts	Add Line 2 + Line 9 in Column B above	69	10000.00				i

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