Nick Smith for Mayor 2026

California Form 460 Statements

Statements received September 22, 2026 (amended October 16) and October 22, 2026

Nick Smith’s campaign finance statements, which follow, disclose contributions from former Pacific Grove elected officials Bill Kampe, Jeanne Byrne, Bill Peake, and Amy Tomlinson; current City Councilmembers Nicholas Mourlam and Tina Rau; the Monterey Bay Action Committee PAC (Jeff Davi and Paul Bruno), the Monterey Fire Fighters Association, and construction and other business interests, including Hare Construction and Cal Neva Linen Co. LLC (Tom McMahon). His campaign also reported in-kind contributions from The Quill and Asilomar Hotel and Conference Grounds totaling over $1,000.

COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp: RECEIVED OCT 16 2026 BY: SA 1:11pm

CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/1/26 through 9/19/26

Date of election if applicable: (Month, Day, Year) 11/3/2026

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

- [x] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall
  - *(Also Complete Part 5)*
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
  - *(Also Complete Part 6)*
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [ ] Political Party/Central Committee
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

Amend to add street address to itemized contributors on Schedule A; Amend to correct errors on Schedule B and summary page.

3. Committee Information

I.D. NUMBER: 1492151

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Nick Smith for Mayor 2026

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Pacific Grove STATE: CA ZIP CODE: 93950 AREA CODE/PHONE: [redacted]

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

CITY STATE ZIP CODE AREA CODE/PHONE

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

Treasurer(s)

NAME OF TREASURER
Nicholas W. Smith

MAILING ADDRESS
[redacted]

CITY: Pacific Grove STATE: CA ZIP CODE: 93950 AREA CODE/PHONE: [redacted]

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 cor[redacted]

Executed on 10/15/26 (Date) By [redacted] (Signature of Treasurer)

Executed on 10/15/26 (Date) By [redacted] (Signature of Controlling Officeholder, Candidate, Principal Officer, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Nicu Smith

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Pacific Grove

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[redacted], Pacific Grove, CA 93950

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

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 5897.99	$ 5997.99
2. Loans Received	Schedule B, Line 3	400.00	400.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6297.99	$ 6397.99
4. Nonmonetary Contributions	Schedule C, Line 3	00	00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6297.99	$ 6397.99

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 3858.29	$ 3858.29
7. Loans Made	Schedule H, Line 3	00	00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 3858.29	$ 3858.29
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	1575.00	1575.00
10. Nonmonetary Adjustment	Schedule C, Line 3	00	00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 5433.29	$ 5433.29

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 100.00
13. Cash Receipts	Column A, Line 3 above	6297.99
14. Miscellaneous Increases to Cash	Schedule I, Line 4	00
15. Cash Payments	Column A, Line 8 above	3858.29
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 2539.70

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 1975.00

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).

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	$	$

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
___/___/___	$
___/___/___	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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)
7/13/26	William F. Peake [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	400.00	400.00	
8/2/26	Alexander H. Miller [redacted] Seaside, CA 93955	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember, City of Seaside	250.00	250.00	
8/5/26	Tina Ray [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
8/6/26	Monterey Bay Action Committee. Candidates PAC [redacted] Monterey, CA 93940	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	N/A	790.00	790.00	
8/12/26	Here Construction, Inc. [redacted] Pacific Grove, CA 93950	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	N/A	300.00	300.00	

SUBTOTAL $ 2340.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3990.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1907.99
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5897.99

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

Page 5 of 6

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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)
9/13/26	William R. Kempe [redacted] Pacific Grove, CA 93950	IND	Retired	300.00	300.00	
9/1/26	Grant Goudelle [redacted] Pacific Grove, CA 93950	IND	CTO, Youth on Course	250.00	250.00	
9/13/26	Dana Dennis [redacted] Pacific Grove, CA 93950	IND	Childcare provider, Self-employed	100.00	100.00	
9/16/26	Nicholas Mourlem [redacted] Pacific Grove, CA 93950	IND	Director of Dev't, Lucille Packard Foundation	200.00	200.00	
9/17/26	Monterey Firefighters Assoc. [redacted] Monterey, CA 93903	COM	N/A	300.00	300.00	
			SUBTOTAL $	1650.00		

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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
Nicholas W. Smith [redacted] Pacific Grove, CA 93950 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, Self-employed	$ 00	$ 400.00	☐ PAID $ 00 ☐ FORGIVEN $ 00	$ 400 12/31/26 DATE DUE	00 % RATE $ 00	$ 400 8/5/26 DATE INCURRED	CALENDAR YEAR $ 400 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 $ 400	$ 00	$ 400	$ 00			

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

Schedule B Summary

1. Loans received this period ..... $ 400
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 00
   (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 $ 400
   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 E

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production 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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
DM Solutions 1625 Sunset Dr. Pacific Grove, CA 93950	WEB		1575.00
Sign Worx 1895 A Contra Costa St Sand City, CA 93955	CMP		964.09
Sign Worx 1895 A Contra Costa St Sand City, CA 93955	LIT		649.95

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

SUBTOTAL $ 3189.04

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	3858.29
2. Unitemized payments made this period of under $100	$	00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL**	$	3858.29

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

Page 8 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production 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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Signworks 1005A Center Cost Sand City, CA 93955	LIT			169.25
Monterey County Democrats PO Box 3024 Monterey, CA 93942	LIT			500.00

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

SUBTOTAL $ 669.25

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/26
through 9/19/26

CALIFORNIA FORM 460

Page 9 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dick Smith for Mayor 2026

I.D. NUMBER
1492158

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production 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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Dm Solutions 1625 Sunset Dr. Pacific Grove, CA 93950	WEB	00	3150.—	1575.—	1575.—

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

SUBTOTALS $ 00 $ 3150 $ 1575— $ 1575—

Schedule F Summary

1. 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 $ 3150—

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... PAID TOTALS $ 1575—

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET $ 1575—
May be a negative number

Nick Smith for Mayor 2026

California Form 460 Statements

Statement received October 22, 2026

COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp

RECEIVED
CITY MANAGER'S OFFICE
2026 OCT 22 A 9:33
CITY OF PACIFIC GROVE

CALIFORNIA FORM **460**

Page 1 of 13

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/20/26
through 10/17/26

Date of election if applicable: (Month, Day, Year)
11/3/26

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

- [x] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall
  - *(Also Complete Part 5)*
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
  - *(Also Complete Part 6)*
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [ ] Political Party/Central Committee
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [x] 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: 1492151

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Nick Smith for Mayor 2026

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Pacific Grove | STATE: CA | ZIP CODE: 93950 | AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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

Treasurer(s)

NAME OF TREASURER
Nicholas W. Smith

MAILING ADDRESS
[redacted]

CITY: Pacific Grove | STATE: CA | ZIP CODE: 93950 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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

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 tr[redacted]

Executed on 10/22/26 (Date) By [redacted] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/22/26 (Date) By [redacted] (Signature of Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Nick Smith

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Pacific Grove

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[redacted], Pacific Grove CA 93950

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

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 9/20/26
through 10/17/26

CALIFORNIA FORM 460

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 4706	$ 10,703.99
2. Loans Received	Schedule B, Line 3	(400)	00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 4306	$ 10,703.99
4. Nonmonetary Contributions	Schedule C, Line 3	1093.39	1093.39
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 5399.39	$ 11797.38

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 6556.39	$ 10,414.68
7. Loans Made	Schedule H, Line 3	00	00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 6556.39	$ 10,414.68
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(1375)	00
10. Nonmonetary Adjustment	Schedule C, Line 3	1092.39	1093.39
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 6074.78	$ 11508.07

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 2539.70
13. Cash Receipts	Column A, Line 3 above	4706
14. Miscellaneous Increases to Cash	Schedule I, Line 4	00
15. Cash Payments	Column A, Line 8 above	6556.39
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 289.31

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — See instructions on reverse — $ 00
19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $ 00

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).

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	$	$

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
___/___/___	$
___/___/___	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 9/20/26
through 10/17/26

CALIFORNIA FORM 460

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Nick Smith for Mayor 2026

I.D. NUMBER: 1492151

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)
9/20/26	M. Colleen Cooke [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	500.00	
9/30/26	Benjamin Lozare [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher, MPUSD	100.00	100.00	
9/30/26	Michael Niccum [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
9/30/26	Jenne Byrne [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect, FCB, FAIA Architect	200.00	200.00	
10/5/26	Amy Tomlinson [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Supply chain, Amazon	500.00	500.00	
			SUBTOTAL $	1400		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2100
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 2606
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4706

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9/20/26
through 10/17/26

CALIFORNIA FORM **460**

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NAME OF FILER: Nick Smith for Mayor 2026

I.D. NUMBER: 1492151

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)
10/7/26	Henry Armstrong [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
10/10/26	Cal Development Co LLC [redacted] Madison, WI 53703	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/13/26	Shirley Barnett-Sheridan [redacted] Pacific Grove, CA 93950	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	700		

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/26
through 10/17/26

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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
Nicholas W. Smith [redacted] Pacific Grove, CA 93950 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, self-employed	$ 400	$ 00	☐ PAID $ 400 ☐ FORGIVEN $	$ 00 DATE DUE	00 % RATE $ 00	$ 400 8/5/26 DATE INCURRED	CALENDAR YEAR $ 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	$ 00	$ 400	$ 00	$ 00			

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

Schedule B Summary

1. Loans received this period ..... $ 00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 400
   (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 $ (400)
   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 C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 9/20/26
through 10/17/26

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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)
10/16/26	The Quill 553 Lighthouse Ave. Pacific Grove, CA 93950	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		Food	613.39		
10/16/26	Asilomar Hotel and Conference Grounds 800 Asilomar Ave. Pacific Grove, CA 93950	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Beverages	480.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 1093.39

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 1093.39
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 00
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 $** 1093.39

*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

SCHEDULE E

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/26
through 10/17/26

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jack Smith for Mayor 2026

I.D. NUMBER
1492157

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production 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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
DM Solutions 1625 Sunset Dr. Pacific Grove, CA 93950	WEB		1,575.00
Signworks 1305 A Contra Costa St. Sand City, CA 93955	CMP		1,922.63
MC Weekly 668 Williams Ave. Seaside, CA 93955	PRT		654.00

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

SUBTOTAL $ 4151.63

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	6526.39
2. Unitemized payments made this period of under $100	$	30.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL**	$	6556.39

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/26
through 10/17/26

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production 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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Signworks 1805 A Contra Costa Pl. Seal City, CA 93955	CMP			1048.76
Carmel Pine Cone 7th Lighthouse Ave. Pacific Grove, CA 93950	PRT			672.00
MC Weekly 668 Williams Ave. Seaside CA 93955	PRT			654.00

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

SUBTOTAL $ 2374.76

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/26
through 10/17/26

CALIFORNIA FORM 460

Page 10 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nick Smith for Mayor 2026

I.D. NUMBER
1492151

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production 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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
DM Solutions 1625 Sunset Dr. Pacific Grove, CA 93950	WEB	1575	00	1575	00
SUBTOTALS $		1575	$ 00	$ 1575	$ 00

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

Schedule F Summary

1. 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 $** 00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 1575
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** (1575)

May be a negative number