PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100811694

02-11-2018

Candidate or Committee Name (Do not abbreviate. Include full name)

SHELLY SHORT (Shelly	For State Surpl	us Acco	unt)							
Mailing Address City P.O. Box 37 Addy, WA										
Zip + 4 99101	Office Sought (Candidate STATE REPRESENT)		Elect	ion Date						mmittees: During ake an independent
Report Period From (last C-	4) To (end of	period)	Final	Report?	<u>e</u>	expendit	<u>ure</u> (i.e., an	expense	not cons	sidered a contribution)
Covered 01/01/1	8 01/31	L/18	Yes	No X	<u>s</u>	<u>supportin</u>	g or opposi	ng a state	or local	<u>candidate</u> ?
RECEIPTS			.		*	See nex	t page		Yes	No
 Previous total cash and in king (if beginning a new campaign 	nd contributions (From line n or calendar year, see ins	8, last C-4) truction bool	klet)						\$	\$231,147.36
2. Cash received (From line 2,	Schedule A)					\$	\$19,21	0.78		
3. In kind contributions received	d (From line 1, Schedule B)					\$	0.00		
4. Total cash and in kind contril										\$19,210.78
5. Loan principal repayments m								0.00		
6. Corrections (From line 1 or 3	, Schedule C)			. Show +	or (-)		\$	0.00		
7. Net adjustments this period (Combine line 5 & 6)						Show	+ or (-)		\$0.00
8. Total cash and in kind contril	outions during campaign (0	Combine line	es 1, 4 & 7	")	 T					\$250,358.14
9. Total pledge payments due (From line 2, Schedule B)			\$0.00	0					
EXPENDITURES										
Previous total cash and in king (If beginning a new campaign	nd expenditures (From line n or calendar year, see ins	e 17, last C-4 struction boo	l) klet)							\$230,974.85
11. Total cash expenditures (Fro	m line 4, Schedule A)						\$9	00.14		
12. In kind expenditures (goods & services) (From line 1, Schedule B)							\$0.00			
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)						\$900.14				
14. Loan principal repayments made (From line 2, Schedule L)							\$0.00			
15. Corrections (From line 2 or 3	, Schedule C)	Show + or (-)			or (-)	(-) \$0.00				
16. Net adjustments this period (Combine lines 14 & 15)						Show	+ or (-) _		\$0.00
17. Total cash and in kind expen				and 16)						\$231,874.99
CANDIDATES ONLY Name not Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 1)				na 17	١				\$18,483.15	
		[Line 18 should equal your bank account balance(s) plu								410, 100, 10
Primary election General election	19.	19. Liabilities: (Sum of loans and debts owed)							\$0.00	
Treasurer's Daytime Telephone No.: (509)684-4700 20. Balance (Surplus or deficit) (I			deficit) (Li	ne 18	3 minus li	ne 19)			\$18,483.15	
								-		
CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is Candidate's Signature Date Treasurer's Signature					rue and co	orrect to the b	est of my l	knowledge	Date	
SHELLY SHORT 02/11/18 Stephen H Osw				.n				02/11/18		

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A	
11/93)	

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date

State Surplus Accou	nt)		01/01/18	01/31/18			
1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.							
nt Date of deposit	Amount	Date of deposit	Amount	Total deposits			
9							
9							
w u	which have been reported on C3.	unt Date of deposit Amount 89	which have been reported on C3. List each deposit made since last C4 unt Date of deposit Amount Date of deposit 89	which have been reported on C3. List each deposit made since last C4 report was submitted. unt Date of deposit Amount Date of deposit Amount B9			

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally

- If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 1) committee, identify the candidate or committee in the Description block;
- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and 2)
- 3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

CODE **DEFINITIONS** ON NEXT PAGE

TOTAL CASH RECEIPTS

needed. The exceptions are:

- C Contributions (monetary, in-kind & transfers)
- I Independent Expenditures
- L Literature, Brochures, Printing
- B Broadcast Advertising (Radio, TV)
- N Newspaper and Periodical Advertising
- O Other Advertising (yard signs, buttons, etc.)
- V Voter Signature Gathering

P - Postage, Mailing Permits

Enter also on line 2 of C4 \$

- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals M - Management/Consulting Services
- W Wages, Salaries, Benefits
- G General Operation and Overhead

3. EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

Date Paid Vendor or Recipient (Name and Address)		Code	Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
01/08/18	SHELLY SHORT PO Box 37 Addy, WA 99101		Cell Phone Reimbursement 10/17 - 12/17	\$526.53
01/25/18	VIASAT INC 142 S Main St Colville, WA 99114		Internet Service 1/18	\$129.99
01/30/18	SHELLY SHORT PO Box 37 Addy, WA 99101		Mileage Reimbursement 1/20/18	\$243.62
			Total from attached pages	\$ \$0.00

Enter also on line 11 of C4

\$900.14