

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100836605

06-11-2018

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

JOSEPH F FAIN (Joe Fa	in Surplus Fu	ınds Accou	nt)			
Mailing Address City PO Box 7809 Covington, WA						
Zip + 4 98042  Report Period From (last C-4 Covered Promote Co	,	OR and of period)	Election Date 2018 Final Report?	*For PACs, Parties & this report period, did the expenditure (i.e., an expessupporting or opposing a second supporting or opposing a second support su	committee mense not con	ake an <u>independent</u> sidered a contribution)
05/01/18	3 05	/31/18	Yes No X	<u>supporting or opposing a s</u>	31010 01 1000	
RECEIPTS				*See next page	Yes	No
Previous total cash and in kin (if beginning a new campaign	d contributions (From or calendar year, see	line 8, last C-4) instruction bool	klet)		····· <u>\$</u>	\$73,790.90
2. Cash received (From line 2, §					0_	
3. In kind contributions received	(From line 1, Schedu	lle B)		\$0.0	0	
4. Total cash and in kind contrib	utions received this p	eriod (Line 2 plu	s 3)			\$0.00
5. Loan principal repayments ma	ade (From line 2, Sch	edule L)		\$0.0	0_	
6. Corrections (From line 1 or 3,	Schedule C)		Show + or	(-) \$0.0	0	
7. Net adjustments this period (						\$0.00
8. Total cash and in kind contrib	utions during campai	gn (Combine line	es 1, 4 & 7)			\$73,790.90
9. Total pledge payments due (F	From line 2, Schedule	B)	\$0.00			
10. Previous total cash and in kin (If beginning a new campaign	d expenditures (From or calendar year, see	line 17, last C-4 e instruction boo	l) klet)			\$5,683.77
11. Total cash expenditures (From	m line 4, Schedule A)			····· \$1,056.	<u>99</u>	
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)						\$1,056.99
14. Loan principal repayments ma	ade (From line 2, Sch	edule L)		\$0.	00	
15. Corrections (From line 2 or 3,	Schedule C)		Show + or	(-) \$0.	00	
16. Net adjustments this period (Combine lines 14 & 15)					(-)	\$0.00
17. Total cash and in kind expend	ditures during campai	gn (Combine line	es 10, 13 and 16)			\$6,740.76
CANDIDATES ONLY  Name not  Won Lost Unopposed on ballot  18. Cash on hand (Line 8 minus line 17)				17\		\$67,050.14
				ance(s) plus your petty cash balance.		Ç07,030.14
Primary election				bts owed)		\$0.00
Treasurer's Daytime Telephone No.:  (253) 988-2455  20. Balance (Surplus or deficit) (Line 19)			18 minus line 19)		\$67,050.14	
CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.						
Candidate's Signature  Date  Treasurer's Signature					,	Date
JOSEPH FAIN	OSEPH FAIN 06/11/18 Tom Perry					06/11/18

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

**A** 

2

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

Report Date

JOSEPH F FAIN (	Joe Fain Sur	plus Funds A	ccount)		05/01/18	3 05/31/18
1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.						
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
2. TOTAL CASH REC	EIPTS			Enter	also on line 2 of C4	\$ \$0.00

**CODES FOR CLASSIFYING EXPENDITURES**: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- If expenditures are <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and
- 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

- 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
- S Surveys and Polls

Enter also on line 11 of C4

\$1,056.99

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

## 3. EXPENDITURES

4. TOTAL CASH 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	
05/08/18	KBAC 24914 109th Pl SE Ste A Kent, WA 98030		Donation	\$500.00
05/02/18	YOUMAIL, INC. 2441 W La Palma Ave Anaheim, CA 92801		Voicemail service	\$19.99
05/03/18	COMMUNITIES IN SCHOOLS PO Box 62 Kent, WA 98035		Donation	\$100.00
05/22/18	WA SCHOOL PRINCIPALS EDUCATION 2142 Cispus Rd Randle, WA 98377		Donation	\$200.00
05/25/18	UBERCONFERENCE 100 California St Ste 500 San Francisco, WA 94111		Conference calls	\$12.00
05/23/18	SUMMER SEARCH 635 Andover Park w Ste 200 Tukwila, WA 98188		Donation	\$75.00
	,	1	Total from attached pages	\$ \$150.00

## **EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)**

Page 3

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

Report Date

JOSEPH F FAIN (Joe Fain Surplus Funds Account)

05/01/18

05/31/18

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
05/22/18	MUNICIPAL LEAGUE FOUNDATION 220 2nd Ave S Seattle, WA 98104		Donation	\$50.00
05/15/18	PEDIATRIC INTERIM CARE CENTER 328 4th Ave S Kent, WA 98032		Donation	\$50.00
05/03/18	DAWN PO Box 1449 Kent, WA 98035		Donation	\$50.00