

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100843218

07-10-2018

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

JAY R INSLEE (Jay Ins	lee Surplus Funds)				
Mailing Address PO Box 21067					City Seattle, WA	
Zip + 4 98111	Office Sought (Candidates) GOVERNOR	Elec 201	ction Da	te	*For PACs, Parties & Cau	ucus Committees: During
Report Period From (last C-	4) To (end of per	riod) Fina	al Repor	t?	expenditure (i.e., an expense	e not considered a contribution)
Covered 06/01/1	8 06/30/1	.8 Yes	No	x	supporting or opposing a state	e or local candidate?
RECEIPTS				-	*See next page	Yes No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8, I n or calendar year, see instruc	ast C-4) tion booklet)				\$ \$100,000.00
2. Cash received (From line 2,	Schedule A)				··· \$ \$0.00	
3. In kind contributions received	d (From line 1, Schedule B)				\$0.00	
4. Total cash and in kind contrib	outions received this period (Li	ine 2 plus 3)				\$0.00
5. Loan principal repayments m	ade (From line 2, Schedule L)				\$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 contrib	outions during campaign (Com	bine lines 1, 4 &	7)			\$100,000.00
9. Total pledge payments due (From line 2, Schedule B)		\$0.	00		
EXPENDITURES						
Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From line 17, n or calendar year, see instruc	, last C-4) tion booklet)				\$13,531.18
11. Total cash expenditures (Fro	m line 4, Schedule A)				\$1,348.00	
12. In kind expenditures (goods	& services) (From line 1, Sche	dule B)				
13. Total cash and in kind expen	ditures made this period (Line	11 plus line 12).				\$1,348.00
14. Loan principal repayments m	ade (From line 2, Schedule 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)				Show + or (-)	\$0.00
17. Total cash and in kind expen	ditures during campaign (Com	nbine lines 10, 13	3 and 16)		\$14,879.18
CANDIDATES ONLY Won Lost U		SUMMARY	0 minu	lino 1	7)	\$85,120.82
					nce(s) plus your petty cash balance.]	703,120.02
Primary election		bilities: (Sum of	loans ar	nd deb	ts owed)	\$0.00
Treasurer's Daytime Telephone N (206)382-5552		20. Balance (Surplus or deficit) (Line 18			18 minus line 19)	\$85,120.82
CERTIFICATION: I certify that the in	formation horoin and an assemble	nvina sobodulos se	d attack	nonto is	true and correct to the heat of my	
Candidate's Signature	Date		rer's Sig			Date
JAY INSLEE	07/10/1	8 Phil:	ip Ll	ovd		07/10/18

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

F	1
(11/	93)

2

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

Report Date

JAY R INSLEE (J	ay Inslee Su	urplus Funds)			06/01/18	06/30/18
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 RECE	EIPTS			Enter als	so 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

\$1,348.00

- 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	,
06/07/18	BANK OF AMERICA PO Box 15731 Wilmington, DE 19886		United Airlines: Travel	\$181.20
06/07/18	BANK OF AMERICA PO Box 15731 Wilmington, DE 19886		United Airlines: Travel	\$131.00
06/07/18	BANK OF AMERICA PO Box 15731 Wilmington, DE 19886		Delta Airlines: Travel	\$247.20
06/07/18	BANK OF AMERICA PO Box 15731 Wilmington, DE 19886		United Airlines: Travel	\$349.80
06/07/18	BANK OF AMERICA PO Box 15731 Wilmington, DE 19886		Delta Airlines: Travel	\$276.80
06/07/18	BANK OF AMERICA PO Box 15731 Wilmington, DE 19886		United Airlines: Travel Services	\$66.00
		ı	Total from attached pages \$	\$96.00

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

JAY R INSLEE (Jay Inslee Surplus Funds)

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

Report Date

Purpose of Expense and/or Description **Vendor or Recipient Date Paid** (Name and Address) Code Amount BANK OF AMERICA United Airlines: Travel PO Box 15731 06/07/18 Services \$96.00 Wilmington, DE 19886

06/30/18

06/01/18