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 100857788 AMENDS 100857743 09-10-2018

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

	ngel Surplus Fund	s Accou	unt)		
Mailing Address 5184 SE Granada Pl.				City Port Orcahrd, WA	
	Office Sought (Condidates	2)	Floring Date	<u> </u>	
Zip + 4 98367	Office Sought (Candidates STATE REPRESENT.		Election Date 2017		ucus Committees: During nmittee make an independent
Report Period From (last C-	4) To (end of p	eriod)	Final Report?	expenditure (i.e., an expens	e not considered a contribution)
Covered 07/01/1	8 08/31/	/18	Yes X No	supporting or opposing a stat	e or local candidate?
RECEIPTS				*See next page	Yes No
Previous total cash and in kin (if beginning a new campaign	nd contributions (From line 8 n or calendar year, see instr	3, last C-4) uction book	klet)		\$ \$270,091.77
2. Cash received (From line 2,	Schedule A)			···· \$ \$61,597.16	
3. In kind contributions received	d (From line 1, Schedule B).			\$0.00	<u>.</u>
4. Total cash and in kind contril	outions received this period	(Line 2 plus	s 3)		\$61,597.16
5. Loan principal repayments m	nade (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 contril	outions during campaign (Co	ombine line	s 1, 4 & 7)		\$331,688.93
9. Total pledge payments due (From line 2, Schedule B)		\$0.00		
EXPENDITURES					
Previous total cash and in king (If beginning a new campaign	nd expenditures (From line 1 n or calendar year, see instr	I7, last C-4 uction book) klet)		\$269,353.70
11. Total cash expenditures (Fro	m line 4, Schedule A)			\$62,335.23	<u>.</u>
12. In kind expenditures (goods & services) (From line 1, Schedule B)				\$0.00	1
13. Total cash and in kind expen	ditures made this period (Lin	ne 11 plus	line 12)		\$62,335.23
14. Loan principal repayments m	nade (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 (Co	ombine line	es 10, 13 and 16)		\$331,688.93
CANDIDATES ONLY		H SUMMA			
				17)nce(s) plus your petty cash balance.]	\$0.00
Primary election				ots owed)	\$0.00
Treasurer's Daytime Telephone No.:					
(360)440-2094 20. Balance (Surplus or deficit) (Lin			18 minus line 19)	\$0.00	
CERTIFICATION: I certify that the in		panying sch			
Candidate's Signature	Date		Treasurer's Signatur	e	Date
JAN ANGEL	09/10/	18	Lynn K Willia	ams	09/10/18

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

JAN E ANGEL (Jan E A	ngel Surplu	s Funds	Account)		07/01/18	08/31/18		
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		
08/13/2018 \$61,	597.16							
O TOTAL CACIL DECEIDTS				Faton old	an line 2 of C4	\$		
2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 \$\\$61,597.1								

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:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 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

- 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
- 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..
- 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		Amount
08/15/18	SENATE REPUBLICAN CAMPAIGN P O Box 11025 Olympia, WA 98508		Final amount to close surplus acct.	\$	62,335.23
			Total from attached page	s \$	\$0.00

Enter also on line 11 of C4

\$62,335.23