

SCHEDULE
to C4
A
 (11/93)

CASH RECEIPTS AND EXPENDITURE

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

Report Date

KREIDLER MYRON MIKE B SURPLUS ACCT

04/03/2007

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 RECEIPTS

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:

- 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;
- 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
 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
02/01/2007	EXPENSES OF \$50 OR LESS	A		\$ 35.00
02/02/2007	ESTRADA VICKI PO BOX 66 NAPAVINE WA 98565		REIMBURSEMENT FOR FOOD/BEVER AGES FOR EMPLOYEE RECOGNITIO N	31.41
02/02/2007	HAMJE JOHN 1403 ROLLING HILLS TERRACE NW OLYMPIA WA 98502		REIMBURSEMENT FOR FOOD/BEVER AGES FOR EMPLOYEE RECOGNITIO N	33.48
02/12/2007	CAPITOL FURNISHINGS PRESERVATION 211 21ST AVE SW OLYMPIA WA 98501	COMMITTE	EDONATION TO WASHINGTON STATE HISTORICAL SOCIETY	50.00
03/07/2007	HAMILTON BENNIE 2034 ARAB DR SE OLYMPIA WA 98501		REIMBURSEMENT FOR FOOD/BEVER AGES FOR EMPLOYEE RECOGNITIO N	299.41
03/15/2007	KREIDLER MIKE 1721 18TH CT NE OLYMPIA WA 985063411		REIMBURSEMENT FOR UNREIMBUR ED DINNER MEETING EXPENSE AT NAIC	45.16
03/19/2007	METLIFE 2701 QUEENS PLAZA N. NEW YORK NY 11101		REIMBURSEMENT FOR FOOD/BEVER AGES AT DINNER MEETING AT NA IC	106.48

Total from attached pages \$ 0.00

4. TOTAL CASH EXPENDITURES

Enter also on line 11 of C4 \$ 600.94



SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4 (3/97)	PDC OFFICE USE
	04/03/2007

Candidate or Committee Name (Do not abbreviate. Include full name)
KREIDLER MYRON MIKE B SURPLUS ACCT

Mailing Address: **PO BOX 7485** City: **OLYMPIA**

Zip + 4: **985077485** Office Sought (Candidates): **INSURANCE COMMISSIONER2008** Election Date: **2008**

Report Period Covered	From (last C-4)	To (end of period)	Final Report?
	02/01/2007	03/31/2007	Yes No X

***For PACs, Parties & Caucus Committees:** During this report period, did the committee make an **independent expenditure** (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate?

RECEIPTS

*See next page Yes No **X**

1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet)	\$	7,777.11
2. Cash received (From line 2, Schedule A)	\$	0.00
3. In kind contributions received (From line 1, Schedule B)		0.00
4. Total cash and in kind contributions received this period (Line 2 plus 3)		0.00
5. Loan principal repayments made (From line 2, Schedule L)	(0.00)
6. Corrections (From line 1 or 3, Schedule C)	+	0.00
7. Net adjustments this period (Combine line 5 & 6)	+	0.00
8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7)		7,777.11
9. Total pledge payments due (From line 2, Schedule B)		0.00

EXPENDITURES

10. Previous total cash and in kind expenditures (From line 17, last C-4) (if beginning a new campaign or calendar year, see instruction booklet)	3,539.45
11. Total cash expenditures (From line 4, Schedule A)	600.94
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)	600.94
14. Loan principal repayments made (From line 2, Schedule L)	(0.00)
15. Corrections (From line 2 or 3, Schedule C)	+ 0.00
16. Net adjustments this period (Combine lines 14 & 15)	+ 0.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)	4,140.39

CANDIDATES ONLY

	Won	Lost	Unopposed	Name not on ballot
Primary election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treasurer's Daytime Telephone No.:
 (360) 352-5661

CASH SUMMARY

18. Cash on hand (Line 8 minus line 17)	3,636.72
[Line 18 should equal your bank account balance(s) plus your petty cash balance.]	
19. Liabilities: (Sum of loans and debts owed)	(0.00)
20. Balance (Surplus or deficit) (Line 18 minus line 19)	3,636.72

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 MYRON "MIKE" KREIDLER	Date	Treasurer's Signature WATSON MIKE	Date
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