

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

Candidate or Committee Name (Do not abbreviate. Use full name.)
SONNTAG BRIAN SURPLUS ACCT

Report Date
06/10/2007

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
05/30/2007	TACOMA COMMUNITY COLLEGE 6501 S. 19TH STREET TACOMA WA 98466	F	FOOD AND BEVERAGES	\$ 280.00

SCHEDULE
to C4
A
 (11/93)

CASH RECEIPTS AND EXPENDITURE

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

Report Date

SONNTAG BRIAN SURPLUS ACCT

06/10/2007

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:

- 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
- 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	C - Contributions (monetary, in-kind & transfers)	P - Postage, Mailing Permits
DEFINITIONS	I - Independent Expenditures	S - Surveys and Polls
ON NEXT PAGE	L - Literature, Brochures, Printing	F - Fundraising Event Expenses
	B - Broadcast Advertising (Radio, TV)	T - Travel, Accommodations, Meals
	N - Newspaper and Periodical Advertising	M - Management/Consulting Services
	O - Other Advertising (yard signs, buttons, etc.)	W - Wages, Salaries, Benefits
	V - Voter Signature Gathering	G - General Operation and Overhead

3. EXPENDITURES

- 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.
- 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
05/09/2007	GREATER TACOMA CHRISTIAN LAYMAN'S 711 S. 25TH ST. TACOMA WA 98405	S O	COMMUNITY ORGANIZATIONS	\$ 250.00
05/10/2007	SEATTLE MARINERS P. O. BOX 84785 SEATTLE WA 98124		COMMUNITY ORGANIZATIONS	110.00
05/10/2007	EXPENSES OF \$50 OR LESS			71.00
05/13/2007	LIGHTHOUSE CONSULTING 910 INDUSTRY DRIVE SEATTLE WA 98188	G	MAINTENANCE & REPAIRS	208.08
05/13/2007	CINGULAR WIRELESS 2505 S. 38TH ST. TACOMA WA 98405	G	TELEPHONE EXPENSE	326.38
05/20/2007	JUVENILE DIABETES FOUNDATION 1200 6TH AVENUE #605 SEATTLE WA 98101		CHARITY	100.00
05/20/2007	TACOMA ATHLETIC COMMISSION P. O. BOX 11304 TACOMA WA 98411		COMMUNITY ORGANIZATIONS	100.00

Total from attached pages \$ 280.00

4. TOTAL CASH EXPENDITURES

Enter also on line 11 of C4 \$ 1,445.46



SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4 (3/97)	PDC OFFICE USE
	06/10/2007

Candidate or Committee Name (Do not abbreviate. Include full name)
SONNTAG BRIAN SURPLUS ACCT

Mailing Address
 2906 SOUTH PROCTOR

City
 TACOMA

Zip + 4 98409	Office Sought (Candidates) STATE AUDITOR	Election Date 2008
Report Period Covered 05/01/2007	From (last C-4) 05/01/2007	To (end of period) 05/31/2007
Final Report? 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 <input checked="" type="checkbox"/>
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)			\$	32,117.62
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)	Show + or (-)	+	0.00	
7. Net adjustments this period (Combine line 5 & 6)	Show + or (-)	+		0.00
8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7)				32,117.62
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)	27,752.53
11. Total cash expenditures (From line 4, Schedule A)	1,445.46
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)	1,445.46
14. Loan principal repayments made (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 expenditures during campaign (Combine lines 10, 13 and 16)	29,197.99

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) 456-6360

CASH SUMMARY

18. Cash on hand (Line 8 minus line 17) [Line 18 should equal your bank account balance(s) plus your petty cash balance.]	2,919.63
19. Liabilities: (Sum of loans and debts owed)	(0.00)
20. Balance (Surplus or deficit) (Line 18 minus line 19)	2,919.63

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 SONNTAG BRIAN	Date	Treasurer's Signature LONG LINDA	Date
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