

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4 (3/97)	PDC OFFICE USE
	100337216
	AMENDS
	100327358
	12-18-2009

Candidate or Committee Name (Do not abbreviate. Include full name) McKenna-AG - Surplus			
Mailing Address 6021 - 118th SE		City Bellevue, WA	
Zip + 4 98006	Office Sought (Candidates) ATTORNEY GENERAL	Election Date 2004	*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)?
Report Period Covered From (last C-4) 09/01/09	To (end of period) 09/30/09	Final Report? Yes No X	

RECEIPTS	*See next page	Yes	No
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)	\$		29,591.16
2. Cash received (From line 2, Schedule A)	\$		675.00
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).....			675.00
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)			30,266.16
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)		22,451.34
11. Total cash expenditures (From line 4, Schedule A)	638.90	
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).....	638.90	
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).....		23,090.24

CANDIDATES ONLY	Name not on ballot	CASH SUMMARY		
Won	Lost	Unopposed		
Primary election <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Cash on hand (Line 8 minus line 17)	7,175.92
General election <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Line 18 should equal your bank account balance(s) plus your petty cash balance.]	
Treasurer's Daytime Telephone No.:			19. Liabilities: (Sum of loans and debts owed)	0.00
(425) 889-2400			20. Balance (Surplus or deficit) (Line 18 minus line 19)	7,175.92

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
		Norman Hime	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE
to C4 **A**
(11/93)

2

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

Report Date

09/01/09 09/30/09

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
09/02/2009	675.00					

2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 \$ 675.00

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
N/A	Expenses of \$50 or less	N/A	N/A	
09/09/09	BCC Foundation 3000 Landerholm Circle SE, A102 Bellevue, WA 98007	C	Donation	300.00
09/28/09	Lifelong AIDS Alliance 1002 E Seneca Seattle, WA 98122	C	Donation	100.00
09/30/09	El Centro De La Raza 2524 - 16th Ave S Seattle, WA 98144	C	Donation	50.00
09/18/09	Capitol Florist 515 Capitol Way S Olympia, WA 98501	G	Flowers	48.83
09/08/09	Specialties Bakery and Cafe - 701 - 5th Avenue Seattle, WA 98104	F	Food Cost	37.71
09/02/09	Colophon Cafe 1208 - 11th St Bellingham, WA 98225	F	Food Cost	29.58

Total from attached pages \$ 72.78

4. TOTAL CASH EXPENDITURES Enter also on line 11 of C4 \$ 638.90

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

Report Date

09/01/09

09/30/09

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
09/16/09	Sushi Aoi - Seattle 4545 University Way Seattle, WA 98105	F	Food Cost	22.78
09/09/09	Marcie Bergman 1116 W Riverside Drive Spokane, WA 99201	F	Event	50.00