

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4
(3/97)

PDC OFFICE USE
 100522151
 AMENDS
 100502500
 05-09-2013

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

JOHN AHERN (John Ahern Surplus Account)

Mailing Address

P.O. Box 8504 Manito Station

City

Spokane, WA

Zip + 4

99203

Office Sought (Candidates)

STATE REPRESENTATIVE

Election Date

2017

***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)

To (end of period)

Final Report?

11/01/11

11/30/12

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)	\$	6,244.33
2. Cash received (From line 2, Schedule A)	\$	5,066.09
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)		5,066.09
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)		11,310.42
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)		3,265.00
11. Total cash expenditures (From line 4, Schedule A)		2,675.00
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)		2,675.00
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)		5,940.00

CANDIDATES ONLY

Name not

Won

Lost

Unopposed

on ballot

Primary election

☐
☐
☐
☐

General election

☐
☐
☐
☐

Treasurer's Daytime Telephone No.:

(509) 924-4211

CASH SUMMARY

18. Cash on hand (Line 8 minus line 17)	5,370.42
[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)	5,370.42

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

JOHN AHERN

12/10/12

Treasurer's Signature

Date

Charlotte Benjamin

CASH RECEIPTS AND EXPENDITURE

SCHEDULE A
to C4
(11/93)

2

Candidate or Committee Name (Do not abbreviate. Use full name.) **JOHN AHERN (John Ahern Surplus Account)** Report Date **11/01/11 11/30/12**

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
11/19/2012	5,066.09					
2. TOTAL CASH RECEIPTS						Enter also on line 2 of C4 \$ 5,066.09

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	75.00
11/18/11	TEEN AID INC 723 East Jackson Avenue Spokane, WA 99207-2647		Donation	500.00
03/11/12	NAT'L ORGANIZATION OF MARRIAGE 20 Nassau Street, Suite 242 Princeton, NJ 08542		Donation	100.00
04/26/12	TEEN AID INC 723 East Jackson Avenue Spokane, WA 99207-2647		Donation	100.00
06/02/12	TEMPLE BETH SHALOM 1322 E 30th Ave Spokane, WA 99203		Donation	100.00
07/12/12	TEEN AID INC 723 East Jackson Avenue Spokane, WA 99207-2647		Donation	300.00
07/16/12	PRESERVE MARRIAGE WA 16212 Bothell-Everett Hwy, Ste. Mill Creek, WA 98012		Donation	100.00

4. TOTAL CASH EXPENDITURES

Total from attached pages \$ 1,400.00
Enter also on line 11 of C4 \$ 2,675.00

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

Page 3

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

Report Date

JOHN AHERN (John Ahern Surplus Account)

11/01/11

11/30/12

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
09/27/12	LIFE SERVICES OF SPOKANE 2659 Ash Spokane, WA 99205		Donation	300.00
10/04/12	SPOKANE CTY REPUBLICAN CENTR'L 104 S Freya, Ste 104A Spokane, WA 99202		Donation	1,000.00
10/06/12	VIOLENT CRIME VICTIM SVCES 1501 Pacific Ave, Ste 201 Tacoma, WA 98402		Donation	100.00

Page Total \$ 1,400.00