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
100522152
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	Office Sought (Candidates)	Election Date
99203	STATE REPRESENTATIVE	2017

Report Period Covered	From (last C-4)	To (end of period)	Final Report?
	12/01/12	12/31/12	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

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)		$ 11,310.42
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)		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)		5,940.00
11. Total cash expenditures (From line 4, Schedule A)	1,020.00	
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)		1,020.00
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)		6,960.00

CANDIDATES ONLY

	Won	Lost	Unopposed	Name not 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) [Line 18 should equal your bank account balance(s) plus your petty cash balance.]	4,350.42
19. Liabilities: (Sum of loans and debts owed)	0.00
20. Balance (Surplus or deficit) (Line 18 minus line 19)	4,350.42

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	Treasurer's Signature	Date
JOHN AHERN	01/10/13	Charlotte Benjamin	

CASH RECEIPTS AND EXPENDITURE

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

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

JOHN AHERN (John Ahern Surplus Account) | 12/01/12 | 12/31/12

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

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
N/A	Expenses of $50 or less	N/A	N/A	220.00
12/01/12	CUP OF COOL WATER 1106 W 2nd Ave Spokane, WA 99201		Donation	100.00
12/01/12	MORNING STAR FOUNDATION 5915 S Regal, Ste 207 Spokane, WA 99223		Donation	100.00
12/01/12	LIFE SERVICES OF SPOKANE 2659 Ash Spokane, WA 99205		Donation	100.00
12/24/12	OUR LADY OF FATIMA 1517 E 33rd Ave Spokane, WA 99203		Donation	100.00
12/30/12	DAYBREAK-SPOKANE 960 E 3rd Ave Spokane, WA 99202		Donation	100.00
12/30/12	CATHOLIC DIOCESE OF SPOKANE PO Box 1453 Spokane, WA 99210		Donation	100.00

Total from attached pages $ 200.00

4. TOTAL CASH EXPENDITURES — Enter also on line 11 of C4 $ 1,020.00

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

JOHN AHERN (John Ahern Surplus Account) | 12/01/12 | 12/31/12

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
12/30/12	THE SALVATION ARMY PO Box 9108 Spokane, WA 99209-9108		Donation	100.00
12/30/12	TEEN AID INC 723 East Jackson Avenue Spokane, WA 99207-2647		Donation	100.00

Page Total $ 200.00