

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE

100781582

08-09-2017

TOLL FREE 1-877-601-2828

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

(Sam Hunt Surplus Funds) Mailing Address City P.O. Box 2573 Olympia, WA Office Sought (Candidates) Zip + 4Election Date *For PACs, Parties & Caucus Committees: During 98507 STATE REPRESENTATIVE 2008 this report period, did the committee make an independent Report Period From (last C-4) To (end of period) Final Report? expenditure (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate? Covered 06/01/17 07/31/17 Yes No X **RECEIPTS** *See next page Yes No 1. Previous total cash and in kind contributions (From line 8, last C-4) 2. Cash received (From line 2, Schedule A) In kind contributions received (From line 1, Schedule B)..... Total cash and in kind contributions received this period (Line 2 plus 3)...... 0.00 Loan principal repayments made (From line 2, Schedule L)..... Corrections (From line 1 or 3, Schedule C)......Show + or (-) 0.00 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) 12. In kind expenditures (goods & services) (From line 1, Schedule B) 13. Total cash and in kind expenditures made this period (Line 11 plus line 12)..... 0.00 14. Loan principal repayments made (From line 2, Schedule L)..... 15. Corrections (From line 2 or 3, Schedule C)......Show + or (-) 0.00 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)...... **CANDIDATES ONLY** Name not **CASH SUMMARY** 18. Cash on hand (Line 8 minus line 17)......______ 16,176.05 Won Lost Unopposed on ballot [Line 18 should equal your bank account balance(s) plus your petty cash balance.] Primary election General election Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus line 19) (360)455 - 881015,126.05 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 Treasurer's Signature 08/10/17 Sam Hunt Steven J Drew

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A	
(11/93)	

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andidate or Committee Name (Do not abbreviate. Hee full name)

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Candidate or Co	ommittee Name (Do no	t abbreviate. Use full name.)			K	eport Date
	Sam Hunt Surpl				06/01/17	07/31/17
 CASH RECI Date of deposit 	EIPTS (Contributions) v Amou	which have been reported on C3 unt Date of deposit		h deposit made since last C4 re ount Date of deposit	port was submitted Amount	Total deposits
Bate of aspessi	7,41100	ant Buto of doposit	7.	Sale of sopposit	, une di k	, oral doposito
2. TOTAL CAS	SH RECEIPTS			Enter also	on line 2 of C4	\$ 0.00
needed. The 1) If expendicomm 2) When rep 3) If expendicamou () () () () () () () () () () () () ()	e exceptions are: itures are in-kind or earn ittee, identify the candic porting payments to ven- itures are made directly on, use code "V" and pro nt paid each during the CODE DEFINITIONS ON NEXT PAGE JRES Inditures of \$50 or less, is nt column on the first life ach payment to a candic	more than \$50 by date paid, nan date, campaign worker, PR firm	date or conotion block y the travelerson or en erson or en n an attacle total paid n-kind & tra ting dio, TV) Advertising gns, button	nmittee or independent expendiciple. er and travel purpose in the Dentity for soliciting signatures on an end sheet: name and address of all persons to date to gather signatures. P - Post S - Surv F - Fund T - Trav T - Trav M - Mar S, etc.) W - Wag G - Gen De itemized. Add up these expediress of vendor, code/descriptio	tures that benefit a scription block; and a statewide initiative of each person/entit gnatures. age, Mailing Permit eys and Polls draising Event Expeel, Accommodation agement/Consultinges, Salaries, Beneeral Operation and enditures and show n, and amount.	candidate or e or referendum y compensated, is enses s, Meals g Services fits Overhead the total in the
copie:	s of receipts/invoices su	pporting the payment. or or Recipient	T	Purpose of Expe	ne A	
Date Paid		e and Address)	Code	and/or Descript		Amount
N/A Expenses of \$50 or		of \$50 or less	N/A	N/A		
4. TOTAL CAS	SH EXPENDITURES				n attached pages o on line 11 of C4	\$ 0.00 \$ 0.00

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 **B**

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

Sam Hunt (Sam Hunt Surplus Funds)

Report Date

06/01/17 07/31/17

3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and Address	Amount Owed	Code OR	Description of Obligation
03/31/2017	YOUNGLOVE & COOKER PLLC 1800 Cooper Poiont Rd SW #16 Olympia, WA 98502	550.00	lega PDC	l advice reqarding (estimate)
05/31/2017	YOUNGLOVE & COOKER PLLC 1800 Cooper Poiont Rd SW #16 Olympia, WA 98502	250.00	lega for	l expense estimate May 2017
07/01/2017	YOUNGLOVE & COOKER PLLC 1800 Cooper Poiont Rd SW #16 Olympia, WA 98502	250.00	esti	mate of legal fees
	TOTAL THIS PAG	GE 1050.00	1	