

# SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

|                     |                       |
|---------------------|-----------------------|
| <b>C4</b><br>(3/97) | <b>PDC OFFICE USE</b> |
|                     | 100799063             |
|                     | 11-06-2017            |

|                                                                                                                              |                                             |                           |                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Candidate or Committee Name (Do not abbreviate. Include full name)<br>KEVIN RANKER (Citizens for Kevin Ranker Surplus Funds) |                                             |                           |                                                                                                                                                                                                                                 |
| Mailing Address<br>PO Box 92                                                                                                 |                                             | City<br>Deer Harbor, WA   |                                                                                                                                                                                                                                 |
| Zip + 4<br>98243                                                                                                             | Office Sought (Candidates)<br>STATE SENATOR | Election Date<br>2016     | *For PACs, Parties & Caucus Committees: During this report period, did the committee make an <b>independent expenditure</b> (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate? |
| Report Period Covered<br>From (last C-4)<br>10/01/17                                                                         | To (end of period)<br>10/31/17              | Final Report?<br>Yes No X |                                                                                                                                                                                                                                 |

## RECEIPTS

\*See next page Yes No

|                                                                                                                                                           |               |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|
| 1. Previous total cash and in kind contributions (From line 8, last C-4)<br>(if beginning a new campaign or calendar year, see instruction booklet) ..... | \$            | 112,144.02 |
| 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) .....                                                                    |               | 112,144.02 |
| 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)<br>(If beginning a new campaign or calendar year, see instruction booklet) ..... |               | 76,025.44 |
| 11. Total cash expenditures (From line 4, Schedule A) .....                                                                                                |               | 0.00      |
| 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) .....                                                                      |               | 0.00      |
| 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) .....                                                                |               | 76,025.44 |

|                                                      |                          |                          |                          |                          |                                                                                   |
|------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------|
| <b>CANDIDATES ONLY</b>                               |                          |                          |                          | <b>CASH SUMMARY</b>      |                                                                                   |
|                                                      | Won                      | Lost                     | Unopposed                | Name not on ballot       |                                                                                   |
| Primary election                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Cash on hand (Line 8 minus line 17) .....                                     |
| General election                                     | <input type="checkbox"/> | <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.:<br>(425) 773-2826 |                          |                          |                          |                          | 19. Liabilities: (Sum of loans and debts owed) .....                              |
|                                                      |                          |                          |                          |                          | 20. Balance (Surplus or deficit) (Line 18 minus line 19) .....                    |
|                                                      |                          |                          |                          |                          |                                                                                   |

**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<br>KEVIN RANKER | Date<br>11/13/17 | Treasurer's Signature<br>Michele Meaker | Date |
|---------------------------------------|------------------|-----------------------------------------|------|

# CASH RECEIPTS AND EXPENDITURE

SCHEDULE  
to C4

**A**

(11/93)

2

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

Report Date

KEVIN RANKER (Citizens for Kevin Ranker Surplus Funds)

10/01/17

10/31/17

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<br>(Name and Address) | Code | Purpose of Expense<br>and/or Description | Amount |
|-----------|-------------------------------------------|------|------------------------------------------|--------|
| N/A       | Expenses of \$50 or less                  | N/A  | N/A                                      |        |
|           |                                           |      |                                          |        |
|           |                                           |      |                                          |        |
|           |                                           |      |                                          |        |
|           |                                           |      |                                          |        |
|           |                                           |      |                                          |        |
|           |                                           |      |                                          |        |
|           |                                           |      |                                          |        |
|           |                                           |      |                                          |        |

Total from attached pages \$ 0.00

4. TOTAL CASH EXPENDITURES

Enter also on line 11 of C4 \$ 0.00