PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

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

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100808242

01-10-2018

C4

(3/97)

JAMES W WALSH (Friend	s of Jim Wals	sh Surplus	Account	t)				
Mailing AddressCityPO Box 2259Aberdeen, WA								
Zip + 4 98520	Office Sought (Cand STATE REPRES		Election 2021	Date				nittees: During an independent
Report Period From (last C-4) To (er	nd of period)	Final Re	eport?	expenditure (i.e	, an expense	e not conside	red a contribution)
Covered 12/01/17	12	/31/17	Yes N	No X	supporting or op	posing a state	e or local can	didate?
RECEIPTS					*See next page		Yes	No
 Previous total cash and in kin (if beginning a new campaign 	d contributions (From or calendar year, see	line 8, last C-4) instruction bool	klet)				\$	\$1,000.00
2. Cash received (From line 2, S	schedule A)				\$	\$0.00		
3. In kind contributions received	(From line 1, Schedu	ıle B)				\$0.00		
4. Total cash and in kind contrib	utions received this p	eriod (Line 2 plu	s 3)					\$0.00
						\$0.00		
						\$0.00		
7. Net adjustments this period (C	Combine line 5 & 6)				S	how + or (-)		\$0.00
8. Total cash and in kind contrib	utions during campai	gn (Combine line	es 1, 4 & 7) .]				\$1,000.00
9. Total pledge payments due (F EXPENDITURES	From line 2, Schedule	В)	:	\$0.00				
10. Previous total cash and in kin	d expenditures (From or calendar year, see	i line 17, last C-4 e instruction bool	l) klet)					\$43.00
11. Total cash expenditures (From	n line 4, Schedule A)					\$5.00		
12. In kind expenditures (goods & services) (From line 1, Schedule B)								
13. Total cash and in kind expend	13. Total cash and in kind expenditures made this period (Line 11 plus line 12)							\$5.00
14. Loan principal repayments ma	ade (From line 2, Sch	edule L)				\$0.00		
15. Corrections (From line 2 or 3,		S	how + or ((-)	\$0.00			
16. Net adjustments this period (0	Combine lines 14 & 1	5)			S	how + or (-)		\$0.00
17. Total cash and in kind expend	litures during campai	gn (Combine line	es 10, 13 an	d 16)				\$48.00
CANDIDATES ONLY	Name not							
							\$952.00	
Primary election								
General election		19. Liabilities:	(Sum of loar	is and det	ots owed)			\$0.00
Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 r (253)220-5590 20. Balance (Surplus or deficit) (Line 18 r				18 minus line 19)			\$952.00	
CERTIFICATION: I certify that the info	total cash and in kind contributions (From line 8, last C-4) \$\$\$1,000.00 sived (From line 2, Schedule A) \$\$\$0.00 ntributions received (From line 1, Schedule B) \$\$0.00 cipal repayments made (From line 2, Schedule L) \$\$0.00 rs (From line 1 or 3, Schedule C) \$\$0.00 na di n kind contributions during campaign (Combine lines 1, 4 & 7) \$\$0.00 stal and in kind expenditures (From line 2, Schedule B) \$\$0.00 ge payments due (From line 2, Schedule B) \$\$0.00 ge payments due (From line 2, Schedule B) \$\$0.00 ge payments due (From line 2, Schedule B) \$\$0.00 stal and in kind expenditures (From line 17, last C-4) \$\$\$0.00 ng a new campaign or calendar year, see instruction booklet) \$\$\$0.00 stal and in kind expenditures (From line 1, Schedule B) \$\$\$0.00 stal and in kind expenditures (From line 2, Schedule B) \$\$\$0.00 stal and in kind expenditures (From line 2, Schedule B) \$\$\$0.00 stal and in kind expenditures (From line 2, Schedule B) \$\$\$0.00 stal and in kind expenditures (From line 2, Schedule L) \$\$\$0.00 stal and in kind expenditures (From line 2, Schedule L) \$\$\$0.00 sta (From line 2 or 3, Schedule C) \$\$\$\$\$0.00							
Candidate's Signature						,	<u>0</u> -	Date
JAMES WALSH	01,	/10/18	Jason M	lichaud	1		01	L/10/18

CASH RECEIPTS AND EXPENDITURE



Candidate or Committee Name (Do not abbreviate. Use full name.)					Г	Report Date
JAMES W WALSH	(Friends of a	Jim Walsh Surplus	Account)		12/01/17	12/31/17
1. CASH RECEIPTS	(Contributions) which	ch have been reported on C3.	. List each dep	oosit made since last C4	report was submitted	d.
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
2. TOTAL CASH REC	CEIPTS			Enter al	so on line 2 of C4	<u>\$\$0.00</u>

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:

- If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 1) committee, identify the candidate or committee in the Description block;
- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and 2)

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.

C - Contributions (monetary, in-kind & transfers)

CODF DEFINITIONS ON NEXT PAGE

- 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	A	mount
N/A	Expenses of \$50 or less	N/A	N/A		\$5.00
			Total from attached pages	\$	\$0.00

4. TOTAL CASH EXPENDITURES