

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100819326

03-03-2018

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

| BOB HASEGAWA | (SURPLUS | ACCOUNT HAS | EGAWA ROBE | RT A) | | | | | | |
|---|--|--|---|-------------------|------------|--------------|--------------------------|--------------|------------|--------------------------------------|
| Mailing Address City PO Box 84331 Seattle, WA | | | | | | | | | | |
| Zip + 4 98124-5631 | | Office Sought (Cand | | Electi 2020 | ion Date | | | | | ommittees: During ake an independent |
| Report Period | From (last C-4 |) To (er | nd of period) | Final | Report? | 9 | expenditure (i.e. | , an expense | e not con | sidered a contribution) |
| Covered | 01/01/18 | 01 | /31/18 | Yes | No X | 5 | supporting or opp | osing a stat | e or local | candidate? |
| RECEIPTS | | | | | | , | *See next page | | Yes | No |
| Previous total (if beginning a | cash and in kind new campaign | d contributions (From or calendar year, see | n line 8, last C-4) e instruction bool | klet) | | | | | \$ | \$205,473.72 |
| 2. Cash received | (From line 2, S | Schedule A) | | | | | \$ | \$0.78 | | |
| 3. In kind contrib | utions received | (From line 1, Schedu | ule B) | | | | | \$0.00 | | |
| | | utions received this p | | | | | | | | \$0.78 |
| | | ade (From line 2, Sch | | | | | | | | |
| 6. Corrections (F | rom line 1 or 3, | Schedule C) | | | . Show + o | or (-) | | \$0.00 | • | |
| 7. Net adjustmen | its this period (C | Combine line 5 & 6) | | | | | Sh | now + or (-) | | \$0.00 |
| 8. Total cash and | d in kind contrib | utions during campai | gn (Combine line | es 1, 4 & 7 | ') | T | | | | \$205,474.50 |
| 9. Total pledge p | ayments due (F | rom line 2, Schedule | e B) | | \$0.00 | | | | | |
| EXPENDITURES | | | | | | | | | | |
| Previous total (If beginning a | cash and in kin- new campaign | d expenditures (From or calendar year, see | n line 17, last C-4 e instruction bool | l) klet) | | | | | | \$174,964.36 |
| 11. Total cash exp | enditures (Fron | n line 4, Schedule A) | | | | | | \$0.00 | ! | |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) | | | | | | \$0.00 | ı | | | |
| 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 (- | | | or (-) | | \$0.00 | | |
| 16. Net adjustments this period (Combine lines 14 & 15) | | | | | Sł | now + or (-) | | \$0.00 | | |
| 17. Total cash and | d in kind expend | litures during campai | gn (Combine line | es 10, 13 a | and 16) | | | | | \$174,964.36 |
| CANDIDATES ONLY Name not CASH SUMMARY Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17 | | | | | 47 | 7 \ | | | 620 E10 14 | |
| _ | on Lost U | nopposed on ballot | | | | | | | | \$30,510.14 |
| Primary election | | | | s owed) | | | \$0.00 | | | |
| Treasurer's Daytime | 00 Delever (0 | | | | | | • | | | |
| (206)601-244 | 20. Balance (Surplus or deficit) (Line 18 minus line 19) | | | | | \$30,510.14 | | | | |
| 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 Signatu | re | Date | | reasure | er's Signa | ture | | | | Date |
| BOB HASEGAWA 03 | | | /03/18 | 18 Jeanne Legault | | | 03/03/18 | | | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

| Α | |
|---------|--|
| (11/93) | |

| Candidate or Committee | e Name (Do not ab | breviate. Use full name | .) | | h | Report Date |
|--------------------------------------|-----------------------|--------------------------|---------------------|--------------------------|----------------------|----------------|
| BOB HASEGAWA (S | URPLUS ACCO | JNT HASEGAWA RO | OBERT A) | | 01/01/18 | 01/31/18 |
| 1. CASH RECEIPTS (| (Contributions) which | h have been reported o | n C3. List each dep | osit made since last C4 | report was submitted | d. |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| 01/31/2018 | \$0.78 | | | | | |
| 2. TOTAL CASH RECI | EIPTS | | | Enter al | so on line 2 of C4 | \$ \$0.78 |
| CODES FOR CLAS needed. The except | tions are: | ITURES: If one of the fo | J | ed to describe an expend | , | , , |

- 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.

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

Enter also on line 11 of C4

\$0.00

G - General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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..
- 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 | Ar | mount |
|-----------|---|------|---------------------------------------|----|--------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
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| | | | Total from attached pages | \$ | \$0.00 |