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 100821203

03-12-2018

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

| | , | not appreviate. Inclu | • | | | | | |
|--|---|--|--|--|---|-------------|--------------|--|
| Mailing Address | T (Snelly | For State Su | cpius Acco | ount) | City | | | |
| P.O. Box 37 | | | Addy, WA | | | | | |
| Zip + 4 Office Sought (Cand 99101 STATE REPRES | | | , | | *For PACs, Parties & Caucus Committees: Duthis report period, did the committee make an independent | | | |
| | | nd of period) | Final Report? | expenditure (i.e., an expense not considered a contribution) | | | | |
| Covered 02/01/18 02 | | | /28/18 | Yes No X | supporting or opposing a state or local candidate? | | | |
| RECEIPTS | | | | · | *See next page | Yes | No | |
| Previous t (if beginning) | otal cash and in kin ng a new campaign | d contributions (From or calendar year, see | line 8, last C-4) e instruction boo |) bklet) | | \$ | \$250,358.14 | |
| 2. Cash rece | ived (From line 2, S | Schedule A) | ···· \$ \$0.00 | - | | | | |
| 3. In kind cor | ntributions received | (From line 1, Schedu | \$0.00 | - | | | | |
| 4. Total cash | and in kind contrib | utions received this p | eriod (Line 2 plu | us 3) | | | \$0.00 | |
| 5. Loan princ | ipal repayments ma | ade (From line 2, Sch | \$0.00 | - | | | | |
| 6. Correction | s (From line 1 or 3, | Schedule C) | (-) \$0.00 | - | | | | |
| 7. Net adjust | ments this period (0 | Combine line 5 & 6) | Show + or (-) | | \$0.00 | | | |
| 8. Total cash | | \$250,358.14 | | | | | | |
| 9. Total pled | ge payments due (F | rom line 2, Schedule | В) | \$0.00 | | | | |
| EXPENDITURES | | | | <u> </u> | | | | |
| 10. Previous t (If beginni | otal cash and in kin ng a new campaign | d expenditures (From or calendar year, see | n line 17, last C- e instruction boo | 4) bklet) | | | \$231,874.99 | |
| 11. Total cash | expenditures (From | m line 4, Schedule A) | \$0.00 | <u>l</u> | | | | |
| 12. In kind exp | penditures (goods & | services) (From line | ····\$0.00 | <u>l</u> | | | | |
| 13. Total cash | and in kind expend | ditures made this peri | od (Line 11 plus | s line 12) | | | \$0.00 | |
| 14. Loan princ | ipal repayments ma | ade (From line 2, Sch | ···· \$0.00 |) | | | | |
| | | | | Show + or | | | | |
| 16. Net adjust | ments this period (0 | Combine lines 14 & 1 | Show + or (-) | | \$0.00 | | | |
| 17. Total cash | and in kind expend | ditures during campai | gn (Combine lin | es 10, 13 and 16) | | | \$231,874.99 | |
| CANDIDATES C | | Name not | 47) | | d10 400 1E | | | |
| | Won Lost U | Inopposed on ballot | | 17)ance(s) plus your petty cash balance.] | | \$18,483.15 | | |
| Primary election General election | | | 19. Liabilities: (Sum of loans and debts owed) | | | | \$0.00 | |
| Treasurer's Daytime Telephone No.: | | | 20 Ralance (Surplus or deficit) /Lipo 19 minus line 10\ | | | | - | |
| (509)684- | 4700 | | 20. Balance (Surplus or deficit) (Line 18 minus line 19) | | | | \$18,483.15 | |
| | | ormation herein and on | accompanying sch | | is true and correct to the best of my | knowledge | Э. | |
| Candidate's Sigr | nature | Date | | Treasurer's Signature | | | Date | |
| SHELLY SHOP | RT | 03 | /12/18 | Stephen H Os | in | | 03/12/18 | |

CASH RECEIPTS AND EXPENDITURE

Amount Date of deposit

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

SHELLY SHORT (Shelly For State Surplus Account)

SCHEDULE to C4 (11/93)

Amount Date of deposit

Enter also on line 11 of C4 \$

\$0.00

02/01/18

Amount

02/28/18

Total deposits

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

Date of deposit

Report Date

| 2. TOTAL CAS | LL DECEMBE | | | | | \$ | |
|---|--|--|--|--|--|--|------|
| 2. TOTAL CAS | | Enter also on line 2 of C4 | - | \$0.00 | | | |
| needed. The 1) If expendication comm 2) When reports 3) If expendication petition amour | exceptions are: tures are in-kind or earmari ittee, identify the candidate orting payments to vendors tures are made directly or i n, use code "V" and provid- nt paid each during the rep | EXECUTE: If one of the following sed contributions to a candic or committee in the Description for travel expenses, identify adirectly to compensate a peet the following information or orting period, and cumulative - Contributions (monetary, in | date or com tion block; the travelerson or ent n an attache total paid | mittee or independer r and travel purpose ity for soliciting signa ed sheet: name and all persons to date to | in the Description block; are atures on a statewide initiation address of each person/en | a candidate of nd ve or referen tity compens | or |
| 3. EXPENDITU a) Expen amour b) Itemiz c) For ea | DEFINITIONS L DN NEXT PAGE B N O V IRES Iditures of \$50 or less, inclunt column on the first line be each expenditure of more | Independent Expenditures Literature, Brochures, Print Broadcast Advertising (Rac Newspaper and Periodical Other Advertising (yard sig Voter Signature Gathering ding those from petty cash, elow than \$50 by date paid, nam campaign worker, PR firm, | ing dio, TV) Advertising ns, buttons need not be ne and addr | e itemized. Add up thess of vendor, code/agency or credit car | S - Surveys and Polls F - Fundraising Event Exp T - Travel, Accommodation M - Management/Consult W - Wages, Salaries, Ber G - General Operation and these expenditures and show the description, and amount. Indicate the company, attach a list of the company, attach a list of the company. | penses ons, Meals ing Services nefits d Overhead w the total in | the |
| Date Paid | | r Recipient d Address) | Code | | se of Expense r Description | Amo | nunt |
| N/A | Expenses of \$50 or less | | N/A | | N/A | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Total from attached pages | | |
| 4. TOTAL CAS | \$ \$ | \$0.00 | | | | | |