

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100821431 AMENDS 100810386 03-14-2018

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

LAURIE DOLAN (Fre	inds of Laurie I	Dolan Surpl	us Funds Acco	ount)			
Mailing Address 4315 78th Ave SW							
Zip + 4 98512	Office Sought (Ca		Election Date 2018	*For PACs, Parties & Ca this report period, did the co			
•	ast C-4) To (	end of period)	Final Report?	expenditure (i.e., an expens			
Covered 01/0	01/18 0	1/31/18	Yes No X	supporting or opposing a sta	te or local o	andidate?	
RECEIPTS				*See next page	Yes	No	
Previous total cash an (if beginning a new car	d in kind contributions (Frompaign or calendar year, s	om line 8, last C-4) ee instruction bool	klet)		·_\$	\$2,600.00	
2. Cash received (From l	ine 2, Schedule A)			····· \$ \$0.00	_		
3. In kind contributions re	eceived (From line 1, Sche	dule B)		\$0.00	_		
4. Total cash and in kind		\$0.00					
5. Loan principal repayme	ents made (From line 2, So	chedule L)		\$0.00	_		
6. Corrections (From line	1 or 3, Schedule C)		Show + or	(-) \$0.00	_		
7. Net adjustments this p		\$0.00					
8. Total cash and in kind		\$2,600.00					
9. Total pledge payments	s due (From line 2, Schedu	le B)	\$0.00				
EXPENDITURES							
<ol> <li>Previous total cash and (If beginning a new car</li> </ol>	d in kind expenditures (Frompaign or calendar year, s	om line 17, last C-4 see instruction bool	·) klet)			\$2,000.00	
11. Total cash expenditure	es (From line 4, Schedule A	٨)		\$3.00	<u>0</u>		
12. In kind expenditures (g	Ω						
13. Total cash and in kind	expenditures made this pe	eriod (Line 11 plus	line 12)			\$3.00	
14. Loan principal repayme	<u>o</u>						
15. Corrections (From line	2 or 3, Schedule C)		Show + or	(-) \$0.0	<u>o</u>		
16. Net adjustments this p		\$0.00					
	expenditures during camp	aign (Combine line	es 10, 13 and 16)			\$2,003.00	
CANDIDATES ONLY Won L		\$597.00					
Won L		\$397.00					
Primary election		bts owed)		<b>\$0.00</b>			
Treasurer's Daytime Teleph	none No.:	00 Pel (2		_			
(509)999-2105		20. Balance (St	urplus or deficit) (Line		\$597.00		
		. , ,		is true and correct to the best of m	y knowledge.		
Candidate's Signature	Date		Treasurer's Signatu			Date	
LAURIE DOLAN	0	3/14/18	James L Carr		03/14/18		

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

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

Report Date

				urie Dolan Su			01/01/18 ast C4 report was submitte		
	ate of deposit	iii 10 (Continu	Amount	Date of deposit	Amount	•	Amount	Total deposits	
2.	TOTAL CAS	H RECEIPTS				E	inter also on line 2 of C4	\$ \$0.0	
1) 2) 3)	needed. The If expendit commi When repo If expendit petition	exceptions are cures are in-kind ittee, identify the orting payments cures are made n, use code "V"	e:  d or earmarl e candidate s to vendors directly or i and provide	sed contributions to a contributions to a contribution or committee in the Defor travel expenses, indirectly to compensation	candidate or commi escription block; lentify the traveler a e a person or entity ion on an attached	ttee or independent and travel purpose i for soliciting signat sheet: name and a	expenditure, no other desc expenditures that benefit n the Description block; as ures on a statewide initiat address of each person/en gather signatures.	a candidate or  nd  iive or referendum	
DEFINITIONS I- ON NEXT PAGE B N O			I - E B N O	- Contributions (monetary, in-kind & transfers) Independent Expenditures - Literature, Brochures, Printing - Broadcast Advertising (Radio, TV) - Newspaper and Periodical Advertising - Other Advertising (yard signs, buttons, etc.) - 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.	amour b) Itemize c) For ea	ditures of \$50 control of the column on the each expending the column of	e first line be ture of <u>more</u> a candidate	elow <u>than \$50</u> by date paid	l, name and addres	ss of vendor, code/d	ese expenditures and sho escription, and amount. I company, attach a list of		
Da	ate Paid			r Recipient d Address)	Code		e of Expense Description	Amount	
	N/A	Ехр	,	\$50 or less	N/A		/A	\$3.00	