

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100822395

03-27-2018

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

| KAREN VALENZUELA (Karen Valenzuela Surplus Account) | | | | | | | | |
|---|--|--|-------------|-----------|----------------------------|----------------|--|----------------------|
| Mailing Address 130 Lee St | | | | | City Fumwater, N | ΝA | | |
| Zip + 4 98501 | NER 201 | ion Date | | | | | us Committees: During ttee make an independent | |
| Report Period From (last C- | 4) To (end of per | riod) Final | Report? | e | xpenditure (i.e., | an expense | not conside | ered a contribution) |
| Covered 07/01/1 | 7 07/31/1 | Yes | No X | S | upporting or oppo | sing a state | or local car | <u>ndidate</u> ? |
| RECEIPTS | | <u> </u> | | * | See next page | | Yes | No |
| Previous total cash and in kir (if beginning a new campaign | nd contributions (From line 8, land) or calendar year, see instruc | last C-4) tion booklet) | | | | | \$ | \$10,979.54 |
| 2. Cash received (From line 2, § | Schedule A) | | | | \$ | \$0.00 | | |
| 3. In kind contributions received | | | | | \$0.00 | | | |
| 4. Total cash and in kind contrib | outions received this period (L | ine 2 plus 3) | | | | <u>-</u> | | \$0.00 |
| 5. Loan principal repayments m | ade (From line 2, Schedule L) |) | | | | \$0.00 | | |
| 6. Corrections (From line 1 or 3 | , Schedule C) | | . Show + o | or (-) | | \$0.00 | | |
| 7. Net adjustments this period (| Combine line 5 & 6) | | | | Sho | ow + or (-) _ | | \$0.00 |
| 8. Total cash and in kind contrib | outions during campaign (Com | nbine lines 1, 4 & 7 | 7) | ¬ | | | | \$10,979.54 |
| 9. Total pledge payments due (l | From line 2, Schedule B) | | \$0.00 | | | | | |
| EXPENDITURES | | | | | | | | |
| Previous total cash and in kir (If beginning a new campaigr | nd expenditures (From line 17 n or calendar year, see instruc | , last C-4) ction booklet) | | | | | | \$10,970.00 |
| 11. Total cash expenditures (Fro | m line 4, Schedule A) | | | | | \$0.00 | | |
| 12. In kind expenditures (goods 8 | edule B) | | | | \$0.00 | | | |
| 13. Total cash and in kind expend | ditures made this period (Line | 11 plus line 12) | | | | | | \$0.00 |
| 14. Loan principal repayments m | ade (From line 2, Schedule L) |) | | | | \$0.00 | | |
| 15. Corrections (From line 2 or 3 | , Schedule C) | | . Show + o | or (-) | | \$0.00 | | |
| 16. Net adjustments this period (| Combine lines 14 & 15) | | | | Sho | ow + or (-) _ | | \$0.00 |
| 17. Total cash and in kind expend | | | and 16) | | | | | \$10,970.00 |
| CANDIDATES ONLY Won Lost U | SUMMARY | R minue lin | no 17) | | | | \$9.54 | |
| [Line 18 should equal your bank account | | | | | | | | Ψ,,,,,, |
| Primary election | | 19. Liabilities: (Sum of loans and debts owed) | | | | | | \$0.00 |
| Treasurer's Daytime Telephone N | lance (Surplus or | (Surplus or deficit) (Line 18 minus line 19) | | | | | | |
| (360)789-9731 | | | | 110 10 | (13) | | | \$9.54 |
| CERTIFICATION: I certify that the int | formation herein and on accompa | nying schedules and | attachment | ıts is tr | ue and correct to th | e best of my l | knowledge. | |
| Candidate's Signature | Date | | er's Signat | | | | | Date |
| KAREN VALENZUELA | 03/27/1 | 8 Katri | na Wyni | koo | p Simmons | | 0. | 3/27/18 |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A

2

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

Report Date

| Candidate of Committee Name (Do not appreviate. Use full name.) | | | | | Report Date | | | |
|---|---------------------|---------------------------|---------------------|--------------------------|-------------------------|--------------------|--|--|
| KAREN VALENZUELA (Karen Valenzuela Surplus Account) | | | | | 07/01/17 | 7 07/31/17 | | |
| 1. CASH RECEIPTS (C | Contributions) whic | h have been reported on | C3. List each dep | oosit made since last C4 | report was submitted | | | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2. TOTAL CASH RECE | IPTS | l | | Enter al | so on line 2 of C4 | \$ \$0.00 | | |
| CODES FOR CLASS | | ITURES: If one of the fol | lowing codes is use | ed to describe an expend | liture, no other descri | ption is generally | | |

- If expenditures are <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> 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

Enter also on line 11 of C4

\$0.00

- F Fundraising Event Expenses
- T Travel, Accommodations, Meals M Management/Consulting Services
- W Wages, Salaries, Benefits
- 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..
- 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 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total from attached pag | es \$ | \$0.00 |