

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100822841

04-02-2018

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

| JAMIE D PEDERSEN (Pe | ople for Peder | sen - Sur | plus Funds) | | |
|---|---|--|------------------------------|--|--|
| Mailing Address City 815 1st Avenue #111 Seattle, WA | | | | | |
| Zip + 4 Office Sought (Cand 98104 STATE REPRES | | SENTATIVE | Election Date 2021 | this report period, did the co | aucus Committees: During mmittee make an independent |
| Report Period From (last C Covered | -4) To (er | nd of period) | Final Report? | <u>expenditure</u> (i.e., an expension or opposing a state | se not considered a contribution) |
| 03/01/1 | L8 03 | /31/18 | Yes No X | Supporting or opposing a size | ate or local carididate! |
| RECEIPTS | | | | *See next page | Yes No |
| Previous total cash and in k (if beginning a new campaig | ind contributions (From gn or calendar year, see | line 8, last C-4) instruction boo | klet) | | \$ \$303,721.26 |
| 2. Cash received (From line 2, | Schedule A) | | | ····· \$ \$0.00 | _ |
| 3. In kind contributions received | ed (From line 1, Schedu | ıle B) | | \$0.00 | _ |
| 4. Total cash and in kind contr | | | | | \$0.00 |
| Loan principal repayments r | | | | | _ |
| 6. Corrections (From line 1 or | 3, Schedule C) | | Show + or | \$0.00 | _ |
| 7. Net adjustments this period | | | | | |
| 8. Total cash and in kind contr | ibutions during campai | gn (Combine line | es 1, 4 & 7) | | \$303,721.26 |
| 9. Total pledge payments due | (From line 2, Schedule | B) | \$0.00 | | |
| EXPENDITURES | | | | | |
| 10. Previous total cash and in k (If beginning a new campai | ind expenditures (From gn or calendar year, see | n line 17, last C-4 e instruction boo | 4) klet) | | \$293,243.67 |
| 11. Total cash expenditures (Fr | om line 4, Schedule A) | | | \$650.0 | <u>o</u> |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) | | | | \$0.0 | Ω |
| 13. Total cash and in kind expe | nditures made this peri | od (Line 11 plus | line 12) | | \$650.00 |
| 14. Loan principal repayments made (From line 2, Schedule L) | | | | \$0.0 | <u>0</u> |
| 15. Corrections (From line 2 or 3, Schedule C)Show | | | Show + or | \$0.0 | <u>o</u> |
| 16. Net adjustments this period (Combine lines 14 & 15) | | | | Show + or (-) | \$0.00 |
| 17. Total cash and in kind expe | nditures during campai | gn (Combine line | es 10, 13 and 16) | | \$293,893 . 67 |
| CANDIDATES ONLY Name not CASH SUMMARY | | | | | |
| Won Lost | Unopposed on ballot | 18. Cash on hand (Line 8 minus line 17) | | | \$9,827.59 |
| Primary election | | į_iiio 10 onodia | oqual your ballit account ba | ianos(o) pias your pony caon balanco. | |
| General election | | 19. Liabilities: | \$0.00 | | |
| Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) | | | urplus or deficit) (Line | e 18 minus line 19) | \$9,827.59 |
| CERTIFICATION: I certify that the i | nformation herein and on | accompanying sch | nedules and attachments | s is true and correct to the best of m | |
| CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is to Candidate's Signature Date Treasurer's Signature | | | | | Date |
| JAMIE PEDERSEN 04/02/18 Jeffrey D Sab | | | ıbado | 04/02/18 | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

| A | |
|---------|---|
| (11/93) | , |

\$650.00

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

Report Date

| Carratage of Committee France (20 for any family) | | | | | | | |
|---|--------------|-------------------------|-----------------------|--------------------------|--------------------------|-------------------|--|
| JAMIE D PEDERSEN | (People fo | or Pedersen - | Surplus Fund | s) | 03/01/18 | 03/31/18 | |
| 1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted. | | | | | | | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. TOTAL CASH RECEIF | PTS | | | Enter als | so on line 2 of C4 | \$0.00 | |
| CODES FOR CLASSI | FYING EXPEND | TURES: If one of the fo | ollowing codes is use | ed to describe an expend | liture, no other descrip | tion 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.

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

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 | , | Amount |
|-----------|---|------|---------------------------------------|----|----------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
| 03/27/18 | CENTER FOR CHILDREN & YOUTH 615 2nd Ave Ste 275 Seattle, WA 98104 | | Event attendance/donation | | \$150.00 |
| 03/29/18 | 43RD DISTRICT DEMOCRATS PO Box 23393 Seattle, WA 98102 | | Contribution/event sponsorship | | \$500.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| - | | | | | |
| | | | Total from attached pages | \$ | \$0.00 |