| PUBLIC DISCLOSU | JRE COMMISSION | | Y, FULL REP | OPT | | PDC OFFICE USE | |
|---|---|---|---|--------------------|----------------|--|---|
| | 11 CAPITOL WAY RM 206 90 BOX 40908 9LYMPIA WA 98504-0908 360) 753-1111 | RECEIPTS | SAND | UNI | C4 | 100833404 | |
| | OLL FREE 1-877-601-2828 Name (Do not abbreviate. 1 | | | | (, | 06-01-2018 | |
| | Vosie Delvin Offi | , | | | | | |
| Mailing Address | | | | City | | | |
| 7620 West 21st A | venue | | | Kennewick, | WA | | |
| Zip + 4 99338 | Office Sought (C COUNTY CL | | Election Date 2018 | | | icus Committees: During mittee make an independent | |
| Report Period Fro | m (last C-4) To | o (end of period) | Final Report? | | | not considered a contribution | |
| Covered 0. | 3/01/18 | 05/31/18 | Yes No X | supporting or oppo | sing a state | or local candidate? | |
| RECEIPTS | | | | *See next page | | Yes No | |
| Previous total cash (if beginning a new | n and in kind contributions (F v campaign or calendar year | From line 8, last C-4 , see instruction bo | 4) oklet) | | | \$ \$3,000.00 |) |
| 2. Cash received (Fro | om line 2, Schedule A) | | | \$ | \$0.00 | | |
| | ns received (From line 1, Scl | | | - | | | |
| | | | | | \$0.00 | | |
| | kind contributions received th | | , | | - | \$0.00 |) |
| | ayments made (From line 2, | | | - | \$0.00 | | |
| 6. Corrections (From | line 1 or 3, Schedule C) | | Show + or (| (-) | \$0.00 | | |
| 7. Net adjustments th | is period (Combine line 5 & | 6) | | Sho | w + or (-) | \$0.00 |) |
| 8. Total cash and in k | kind contributions during can | npaign (Combine lir | nes 1, 4 & 7) | | ······ | \$3,000.00 |) |
| 9. Total pledge paym | ents due (From line 2, Sche | dule B) | \$0.00 | | | | |
| EXPENDITURES | | | | | | | |
| 10. Previous total cash (If beginning a new | n and in kind expenditures (F v campaign or calendar year | From line 17, last C , see instruction bo | -4) oklet) | | | \$0.00 |) |
| 11. Total cash expendi | itures (From line 4, Schedul | ə A) | | \$1, | 077.71 | | |
| 12. In kind expenditure | es (goods & services) (From | line 1, Schedule B |) | | \$0.00 | | |
| 13. Total cash and in k | kind expenditures made this | period (Line 11 plu | s line 12) | | | \$1,077.71 | L |
| 14. Loan principal repa | ayments made (From line 2, | Schedule L) | | | \$0.00 | | |
| 15. Corrections (From | line 2 or 3, Schedule C) | | Show + or (| (-) | \$0.00 | | |
| 16. Net adjustments th | is period (Combine lines 14 | & 15) | | Sho | w + or (-) _ | \$0.00 |) |
| 17. Total cash and in k | kind expenditures during car | npaign (Combine lii | nes 10, 13 and 16) | | | \$1,077.71 | L |
| CANDIDATES ONLY | Name r | | | | | | |
| Won | Lost Unopposed on ba | | nand (Line 8 minus line d equal your bank account bala | | | \$1,922.29 |) |
| Primary election | | 19. Liabilities: | (Sum of loans and det | ots owed) | | \$0.00 |) |
| Treasurer's Daytime Te | lephone No.: | 00 D-1 (1 | | 10 minute line (0) | | | _ |
| (509)947-5383 | | ∠u. Balance (| Surplus or deficit) (Line | ro minus line 19) | | \$1,922.29 |) |
| CERTIFICATION: 1 certify Candidate's Signature | y that the information herein and D | d on accompanying sc ate | chedules and attachments i Treasurer's Signatur | | e best of my k | knowledge. Date | |
| JOSIE DELVIN | - | 06/01/18 | Ella Childers | | | 06/01/18 | |

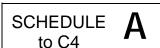
SUMMARY, FULL REPORT

DISCLOSURE COMMISSION

PUBLIC

PDC OFFICE USE

CASH RECEIPTS AND EXPENDITURE



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

| JOSIE DELVIN (J | Vosie Delvin | Office Account) | | | 03/01/18 | 05/31/18 |
|-------------------|----------------------|----------------------------|-----------------|--------------------------|---------------------|----------------|
| 1. CASH RECEIPTS | (Contributions) whic | h have been reported on C3 | . List each dep | oosit made since last C4 | report was submitte | d. |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. TOTAL CASH REC | EIPTS | | | Enter als | so on line 2 of C4 | \$ \$0.00 |

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description 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.

C - Contributions (monetary, in-kind & transfers)

CODE DEFINITIONS ON NEXT PAGE

- 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

2 Report Date

- 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. 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 | | |
| 05/14/18 | BENTON COUNTY AUDITOR 5600 West Canal Drive Kennewick, WA 99336 | | filing fee | | \$1,077.71 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total from attached pag | les \$ | \$0.00 |

4. TOTAL CASH EXPENDITURES