PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

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

SUMMARY, FULL REPORT **RECEIPTS AND EXPENDITURES**

PDC OFFICE USE 100835629

06-08-2018

C4

(3/97)

Mailing Address 8255 2nd Ave	e NE		-	-		City Seattle, WA		
Zip + 4 98115		Office Sought (Candidates ATTORNEY GENERAL	,	ction Da 16	ate	*For PACs, Parties & C this report period, did the co		0
Report Period Covered	From (last C-4)	· ·	,	al Repo s No		expenditure (i.e., an expen supporting or opposing a sta		
RECEIPTS						*See next page	Yes	No
		d contributions (From line 8 or calendar year, see instru					\$	\$941,732.72

RECEIPTS		1	*See next page	١	res	No
 Previous total cash and in kind contributions (Fron (if beginning a new campaign or calendar year, se 	n line 8, last C-4) e instruction boo	klet)		······ <u>\$</u>		\$941,732.72
2. Cash received (From line 2, Schedule A)			\$\$	0.00		
3. In kind contributions received (From line 1, Sched	ule B)		\$	0.00		
4. Total cash and in kind contributions received this p	period (Line 2 plu	ıs 3)		······ <u> </u>		\$0.00
5. Loan principal repayments made (From line 2, Sch	nedule L)		\$	0.00		
6. Corrections (From line 1 or 3, Schedule C)		Show + or (-)	\$	0.00		
7. Net adjustments this period (Combine line 5 & 6)			Show	+ or (-)		\$0.00
8. Total cash and in kind contributions during campa	ign (Combine line	es 1, 4 & 7)		······ <u> </u>		<u>\$941,732.72</u>
9. Total pledge payments due (From line 2, Schedule	e B)	\$0.00				
EXPENDITURES		· · ·				
10. Previous total cash and in kind expenditures (From (If beginning a new campaign or calendar year, se	e instruction boo	klet)				\$115,569.98
11. Total cash expenditures (From line 4, Schedule A)						
12. In kind expenditures (goods & services) (From line	e 1, Schedule B)			<u>\$0.00</u>		
13. Total cash and in kind expenditures made this per				······ <u> </u>		\$1,245.71
14. Loan principal repayments made (From line 2, Sch	nedule L)			\$0.00		
15. Corrections (From line 2 or 3, Schedule C)		Show + or (-)		\$0.00		
16. Net adjustments this period (Combine lines 14 & 1	5)		Show	+ or (-)		\$0.00
17. Total cash and in kind expenditures during campa	ign (Combine lin	es 10, 13 and 16)				\$116,815.69
CANDIDATES ONLY Name not Won Lost Unopposed on ballot	CASH SUMMA 18. Cash on ha	ARY and (Line 8 minus line 17	')	<u> </u>		\$824,917.03
Primary election	[Line 18 should	equal your bank account balance	e(s) plus your petty cash ba	alance.]		
	19. Liabilities:	(Sum of loans and debts	s owed)			\$100.00
Treasurer's Daytime Telephone No.:						
(206)382-5552	20. Balance (S	urplus or deficit) (Line 18	3 minus line 19)	······		\$824,817.03
CERTIFICATION: I certify that the information herein and on	accompanying sch	edules and attachments is t	rue and correct to the h	est of my kno	owledge	
Candidate's Signature Date	accompanying of	Treasurer's Signature			mouge	Date
ROBERT FERGUSON 06	/08/18	Philip Lloyd				06/08/18

CASH RECEIPTS AND EXPENDITURE



Candidate or Committee Nam	ne (Do not abl	previate. Use full name	.)			Report Date
ROBERT W FERGUSON ((Robert H	erguson Surplu	us Funds)		05/01/18	05/31/18
1. CASH RECEIPTS (Contr	ibutions) whic	h have been reported or	n C3. List each dep	oosit made since last C4	report was submitte	ed.
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
2. TOTAL CASH RECEIPTS	3			Enter a	lso on line 2 of C4	<u>\$ \$0.00</u>

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)

CODF 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

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- 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.

Data Daid	Vendor or Recipient	Code	Purpose of Expense	Amount
Date Paid	(Name and Address)	Code	and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
05/02/18	BANK OF AMERICA PO BOX 15731 WILMINGTON, DE 19886		BANK OF AMERICA, ACE PARKING: TRAVEL	\$24.00
05/02/18	BANK OF AMERICA PO BOX 15731 WILMINGTON, DE 19886		BANK OF AMERICA, DELTA AIRLINES: OFFICIAL TRAVEL	\$1,217.34
05/02/18	BANK OF AMERICA PO BOX 15731 WILMINGTON, DE 19886		BANK OF AMERICA,CITY OF SEATTLE: PARKING	\$4.37
			Total from attached pages	\$ \$0.00

4. TOTAL CASH EXPENDITURES

IN KIND CONTRIBUTIONS, PLEDGES,
ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4	B
	(11/93)

Candidate or Committee Name (Do not abbreviate. Use full name.) ROBERT W FERGUSON (Robert Ferguson Surplus Funds) Report Date 05/01/18 05/31/18

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3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and Address	Amount Owed C	ode OR Description of Obligation
L/30/2017	ROBERT W FERGUSON 8255 2nd Ave NE Seattle WA, 98115	100.00	TRAVEL EXPENSES (EST.
	TOTAL THIS PAGE	100.00	