

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100835642 AMENDS 100835216 06-08-2018

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

JAY R INSLEE (Jay In	slee Surplus E	Tunds)							
					City Seattle,	WA			
Zip + 4 98111	Office Sought (Cand	lidates)	Election 2016	on Date					mmittees: During ake an independent
Report Period From (last C		nd of period)	Final I	Report?					idered a contribution)
Covered 05/01/2	18 05	/31/18	Yes	No X	SL	upporting or op	posing a stat	e or local o	candidate?
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) e instruction bool	klet)					\$	\$100,000.00
2. Cash received (From line 2	, Schedule A)					\$	\$0.00		
3. In kind contributions receive	ed (From line 1, Schedu	ile B)					\$0.00		
4. Total cash and in kind conti	ributions received this p	eriod (Line 2 plu	s 3)						\$0.00
5. Loan principal repayments	made (From line 2, Sch	edule L)					\$0.00		
6. Corrections (From line 1 or	3, Schedule C)			Show + or	r (-)		\$0.00		
7. Net adjustments this period	(Combine line 5 & 6)					S	show + or (-)		\$0.00
8. Total cash and in kind contr	ibutions during campai	gn (Combine line	es 1, 4 & 7))	 7				\$100,000.00
9. Total pledge payments due	(From line 2, Schedule	B)		\$0.00					
EXPENDITURES									
 Previous total cash and in k (If beginning a new campaig 	rind expenditures (From gn or calendar year, see	line 17, last C-4 e instruction boo	l) klet)						\$11,969.74
11. Total cash expenditures (Fr	om line 4, Schedule A)					<u> </u>	1,561.44	Į.	
12. In kind expenditures (goods	& services) (From line	1, Schedule B) .					\$0.00	ı	
13. Total cash and in kind expe	nditures made this perio	od (Line 11 plus	line 12)						\$1,561.44
14. Loan principal repayments made (From line 2, Schedule L)						\$0.00	!		
15. Corrections (From line 2 or 3, Schedule C)				r (-)		\$0.00			
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 a	ınd 16)					\$13,531.18
CANDIDATES ONLY Name not CASH SUMMARY									
Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17 [Line 18 should equal your bank account balance				•				\$86,468.82	
Primary election				owed)			\$1,348.00		
Treasurer's Daytime Telephone No.:				0.10	minuo lino 40\				
(206) 382-5552 20. Balance (Surplus or deficit) (Line 18				e 18	minus iine 19)			\$85,120.82	
CERTIFICATION: I certify that the	information herein and on a	accompanying sch	edules and	attachments	s is tru	ue and correct to	the best of my	knowledge	
Candidate's Signature	Date			r's Signatu			•		Date
AY INSLEE 06/08/18 Philip Lloyd			d				06/08/18		

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A	
(11/93)	

2

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

Report Date

Surplus Funds)	05/01/1	8 05/31/18
ch have been reported on C3. List each de	posit made since last C4 report was submitt	ed.
Date of deposit Amount	Date of deposit Amount	Total deposits
·	·	·
•	Enter also on line 2 of C4	\$ \$0.00
		ich have been reported on C3. List each deposit made since last C4 report was submitt Date of deposit

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 <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
- 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)		Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	\$56.64
05/15/18	TRUDI INSLEE 501 13th Ave SW Olympia, WA 98501		Alaska Airlines: Travel	\$231.20
05/15/18	MOUNTAIN AVIATION 9656 Metro Airport Ave Broomfield, CO 80021		Air Travel	\$606.20
05/02/18	BANK OF AMERICA PO Box 15731 Wilmington, DE 19886		United Airlines: Travel	\$346.20
05/02/18	BANK OF AMERICA PO Box 15731 Wilmington, DE 19886		Alaska Airlines: Travel	\$321.20

Total from attached pages

\$0.00

Enter also on line 11 of C4

\$1,561.44

\$

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 B

3

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

JAY R INSLEE (Jay Inslee Surplus Funds)

Report Date

TAY R INSLEE (Jay Inslee Surplus Funds) 05/01/18 05/31/18

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 Add	ress	Amount Owed	Code	OR Desc	ription o	f Obligation
05/31/2018	BANK OF AMERICA PO Box 15731 Wilmington DE, 19886		1348.00		Credit	Card	Payment
	т	OTAL THIS PAGE	1348.00				