(360) 753-1111 TOLL FREE 1-877-601-2828

711 CAPITOL WAY RM 206

OLYMPIA WA 98504-0908

DISCLOSURE COMMISSION

PO BOX 40908

PUBLIC

Candidate or Committee Name (Do	not abbreviate. Inclu	de full name)				06-10-2018
	igel Surplus H	funds Acco	unt)			
Mailing Address 5184 SE Granada Pl.				City Port Orcahrd, W	A	
Zip + 4 98367	Office Sought (Canc STATE REPRES		Election Date 2017	*For PACs, Parties & this report period, did the		8
Report Period From (last C-4	4) To (er	nd of period)	Final Report?	expenditure (i.e., an expension of the supporting or opposing a second support of the support of	nse not co	onsidered a contribution)
Covered 01/01/1	7 12	/31/17	Yes No X	supporting or opposing a s		ar candidate?
RECEIPTS				*See next page	Yes	No
<ol> <li>Previous total cash and in kir (if beginning a new campaigr</li> </ol>	nd contributions (From n or calendar year, see	l line 8, last C-4) e instruction bool	klet)		\$	\$270,091.77
2. Cash received (From line 2, S	Schedule A)			····· <u>\$</u> \$0.0	0	
3. In kind contributions received	d (From line 1, Schedu	ıle B)		\$0.0	0	
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	s 3)			\$0.00
5. Loan principal repayments m	ade (From line 2, Sch	edule L)		\$0.0	0	
6. Corrections (From line 1 or 3	, Schedule C)		Show + or	(-) \$0.0	0	
7. Net adjustments this period (						\$0.00
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7)			\$270,091.77
9. Total pledge payments due (	From line 2, Schedule	В)	\$0.00			
EXPENDITURES		l.	7			
10. Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From n or calendar year, see	line 17, last C-4 e instruction boo	1) klet)			\$229,353.70
11. Total cash expenditures (Fro	m line 4, Schedule A)			\$30,000.	00	
12. In kind expenditures (goods a	& services) (From line	1, Schedule B).		\$0.	00	
13. Total cash and in kind expen	ditures made this peri	od (Line 11 plus	line 12)			\$30,000.00
14. Loan principal repayments m	ade (From line 2, Sch	edule 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)				\$0.00
17. Total cash and in kind expen	ditures during campai	gn (Combine line	es 10, 13 and 16)			\$259,353.70
CANDIDATES ONLY	Name not	CASH SUMMA				
Won Lost l	Jnopposed on ballot			17) ance(s) plus your petty cash balance.		\$10,738.07
Primary election		19. Liabilities:	(Sum of loans and de	bts owed)		\$0.00
Treasurer's Daytime Telephone N	lo.:	20 Balance (Si	urplus or deficit) (Line	e 18 minus line 19)		
(360)440-2094				, to minuo into 10/		\$10,738.07
CERTIFICATION: I certify that the in	formation herein and on	accompanying sch	edules and attachments	is true and correct to the best of	my knowled	dge.
Candidate's Signature	Date		Treasurer's Signatu	re		Date
JAN ANGEL	06,	/10/18	Lynn K Willi	ams		06/10/18

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100836153

06-10-2018

(3/97)

## CASH RECEIPTS AND EXPENDITURE



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

Candidate of Committee P		bieviale. Ose fuil fiame.	,			toport Bato	
JAN E ANGEL (Jan	E Angel Su	urplus Funds Ac	count)		01/01/17	12/31/17	
1. CASH RECEIPTS (Co	ontributions) whic	h have been reported on	C3. List each dep	osit 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 RECEIR	PTS			Enter als	so on line 2 of C4	<u>\$</u> \$0.0	0

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.

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

jather signatures.

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 <u>\$50 or less</u>, 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	
12/08/17	JAN ANGEL FOT STATE SENATE 5184 Se Granada Pl. Port Orchard, WA 98367		From surplus to campaign account	\$30,000.00
			Total from attached pages	\$ \$0.00

4. TOTAL CASH EXPENDITURES