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

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100837161

C4

(3/97)

06-11-2018

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

| REBECCA SALDANA (Rebe | cca Saldana S | Surplus Fu | nds Account) | | |
|--|---|--|--|---|--------------------------------|
| Mailing Address PO Box 12066 | | | | City Seattle, WA | |
| Zip + 4 98102 | Office Sought (Cano STATE SENATO | | Election Date 2023 | *For PACs, Parties & Cau this report period, did the com | |
| Report Period From (last C-4 | 4) To (er | nd of period) | Final Report? | expenditure (i.e., an expense | not considered a contribution) |
| Covered 04/01/1 | 8 05 | /31/18 | Yes No X | supporting or opposing a state | e or local candidate? |
| RECEIPTS | | | • | *See next page | Yes No |
| 1. Previous total cash and in kir (if beginning a new campaigr | nd contributions (From n or calendar year, see | n line 8, last C-4) e instruction boo | klet) | | \$\$29,865.29 |
| 2. Cash received (From line 2, S | Schedule A) | | | \$ \$0.00 | |
| 3. In kind contributions received | I (From line 1, Schedu | ıle B) | | \$0.00 | |
| 4. Total cash and in kind contrib | outions received this p | period (Line 2 plu | ıs 3) | | \$0.00 |
| 5. Loan principal repayments m | ade (From line 2, Sch | edule L) | | | |
| 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 contrib | outions during campai | gn (Combine line | es 1, 4 & 7) | | \$29,865.29 |
| 9. Total pledge payments due (| From line 2, Schedule | e B) | \$0.00 | | |
| EXPENDITURES | | | | | |
| 10. Previous total cash and in kir (If beginning a new campaigr | nd expenditures (From n or calendar year, se | n line 17, last C-4 e instruction boo | 4) vklet) | | \$25,941.64 |
| 11. Total cash expenditures (Fro | m line 4, Schedule A) | | | | |
| 12. In kind expenditures (goods a | & services) (From line | 1, Schedule B) | | | |
| 13. Total cash and in kind expen | ditures made this peri | od (Line 11 plus | line 12) | | \$1,600.00 |
| 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) | | Show + or (-) | \$0.00 |
| 17. Total cash and in kind expen | ditures during campai | gn (Combine lin | es 10, 13 and 16) | | \$27,541.64 |
| CANDIDATES ONLY Won Lost U | Name not Jnopposed on ballot | CASH SUMMA | | 17) | |
| Primary election | | | | nce(s) plus your petty cash balance.] | |
| General election | | 19. Liabilities: | (Sum of loans and deb | ots owed) | \$0.00 |
| Treasurer's Daytime Telephone N | lo.: | 20. Balance (S | urplus or deficit) (Line | 18 minus line 19) | |
| (206)218-3108 | | | | | \$2,323.65 |
| CERTIFICATION: I certify that the in Candidate's Signature | formation herein and on Date | accompanying sch | edules and attachments i Treasurer's Signatur | | knowledge. Date |
| 0 | | /11 /10 | , i i i i i i i i i i i i i i i i i i i | . | |
| REBECCA SALDANA | 06 | /11/18 | Abbot Taylor | | 06/11/18 |

CASH RECEIPTS AND EXPENDITURE



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

| Candidate or Committee Na | ime (Do not abi | breviate. Use full name | e.) | | F | Teport Date | |
|---------------------------|-------------------|-------------------------|----------------------|-------------------------|----------------------|----------------|----|
| REBECCA SALDANA (F | Rebecca Sa | aldana Surplus | s Funds Accou | nt) | 04/01/18 | 05/31/18 | |
| 1. CASH RECEIPTS (Con | ntributions) whic | h have been reported of | on C3. List each dep | osit made since last C4 | report was submitted | d. | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | • | |
| 2. TOTAL CASH RECEIPT | ſS | | | Enter a | lso on line 2 of C4 | \$ \$0.0 | 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) I - Independent Expenditures DEFINITIONS
 - 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

2

- W Wages, Salaries, Benefits
- G General Operation and Overhead

3. EXPENDITURES

CODF

ON NEXT PAGE

- 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.

| | Vendor or Recipient | | Purpose of Expense | |
|-----------|---|------|---------------------------------------|------------|
| Date Paid | (Name and Address) | Code | and/or Description | Amount |
| N/A | Expenses of \$50 or less | N/A | N/A | |
| 05/09/18 | INTERNATIONAL EXAMINER 409 MAYNARD AVE S #203 SEATTLE, WA 98104 | | DONATION | \$200.00 |
| 05/15/18 | REBECCA SALDANA 11116 56th Ave S Seattle, WA 98178 | | NWIRP (SEATTLE) - TICKET FOR EVENT | \$300.00 |
| 05/15/18 | REBECCA SALDANA 11116 56th Ave S Seattle, WA 98178 | | CISC (SEATTLE) - TICKET FOR EVENT | \$100.00 |
| 05/04/18 | SOUTH SEATTLE EMERALD PO BOX 28583 SEATTLE, WA 98118 | | DONATION | \$1,000.00 |
| | | | | |
| | | | | |
| | | | Total from attached pages | \$ \$0.00 |

4. TOTAL CASH EXPENDITURES