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

711 CAPITOL WAY RM 206

OLYMPIA WA 98504-0908

DISCLOSURE COMMISSION

PO BOX 40908

PUBLIC

| | | not abbreviate. Inclu | | ······ | | | |
|--|--|---|---|--|--|----------------------|-------------------------|
| JAN E ANGEI Mailing Address 5184 SE G1 | | gel Surplus H | unds Acco | Juile) | City Port Orcahrd, WA | | |
| Zip + 4 98367 | | Office Sought (Cano STATE REPRES | | Election Date 2017 | *For PACs, Parties & Ca this report period, did the cor | | |
| Report Period | From (last C-4 |) To (er | nd of period) | Final Report? | expenditure (i.e., an expens | e not cons | sidered a contribution) |
| Covered | 01/01/18 | 8 06 | /30/18 | Yes No X | supporting or opposing a stat | e or local | <u>candidate</u> ? |
| RECEIPTS | | | | | *See next page | Yes | No |
| Previous t (if beginni | total cash and in kin ng a new campaign | d contributions (From or calendar year, see | l line 8, last C-4 e instruction boo |) oklet) | | \$ | \$270,091.77 |
| 2. Cash rece | eived (From line 2, S | chedule A) | | | \$ \$0.00 | - | |
| 3. In kind co | ntributions received | (From line 1, Schedu | ıle B) | | \$0.00 | - | |
| 4. Total cash | n and in kind contrib | utions received this p | eriod (Line 2 pl | us 3) | | | \$0.00 |
| 5. Loan prine | cipal repayments ma | ade (From line 2, Sch | edule L) | | \$0.00 | - | |
| 6. Correctior | ns (From line 1 or 3, | Schedule C) | | Show + or | (-) \$0.00 | - | |
| 7. Net adjustments this period (Combine line 5 & 6) Show + or (-) | | | | | Show + or (-) | | \$0.00 |
| 8. Total cash | n and in kind contrib | utions during campai | gn (Combine lin | ues 1, 4 & 7) | | | \$270,091.77 |
| 9. Total pled | ge payments due (F | rom line 2, Schedule | B) | \$0.00 | | | |
| EXPENDITURE 10. Previous t (If beginni | total cash and in kin | d expenditures (From or calendar year, see | line 17, last C- instruction boo | 4) oklet) | | | \$259,353.70 |
| 11. Total cash | n expenditures (Fror | n line 4, Schedule A) | | | \$10,000.00 | <u>)</u> | |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) | | | | | \$0.00 | L | |
| 13. Total cash and in kind expenditures made this period (Line 11 plus line 12) \$10,000.00 | | | | | | \$10,000.00 | |
| 14. Loan principal repayments made (From line 2, Schedule L) | | | | \$0.00 | <u>)</u> | | |
| 15. Correctior | ns (From line 2 or 3, | Schedule C) | | Show + or | (-) \$0.00 | <u>)</u> | |
| 16. Net adjustments this period (Combine lines 14 & 15) Show + or | | | | | | | \$0.00 |
| 17. Total cash | n and in kind expend | litures during campai | gn (Combine lin | nes 10, 13 and 16) | | | \$269,353.70 |
| CANDIDATES C | | Name not | | | 47) | | |
| | Won Lost U | nopposed on ballot | | • | 17)ance(s) plus your petty cash balance.] | | \$738.07 |
| Primary election Image: Constraint of the structure of structur | | | | | | \$0.00 | |
| Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 7) (360)440-2094 20. Balance (Surplus or deficit) (Line 7) | | | | | | \$738.07 | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | |
| CERTIFICATION Candidate's Sign | | ormation herein and on Date | accompanying scl | hedules and attachments Treasurer's Signatu | is true and correct to the best of my re | <pre>whowledge</pre> | Date |
| JAN ANGEL 07/0 | | | /06/18 | Lynn K Williams | | | 07/06/18 |

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100842248

07-06-2018

C4

(3/97)

CASH RECEIPTS AND EXPENDITURE



| Candidate or Committee Name (Do not abbreviate. Use full name.) | | | | | Report Date | | |
|---|------------|-----------------|---------|-----------------|----------------------|------------------|--|
| JAN E ANGEL (Jan | E Angel Su | irplus Funds Ac | ccount) | | 01/01/18 | 06/30/18 | |
| 1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted. | | | | | | | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. TOTAL CASH RECEIP | PTS | | | Enter a | llso on line 2 of C4 | <u>\$</u> \$0.00 | |

2. TOTAL CASH RECEIPTS

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

P - Postage, Mailing Permits

2

- 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 | |
| 06/04/18 | SENATE REPUBLICAN CAMPAIGN P O Box 11025 Olympia, WA 98508 | | Transfer funds from Surplus | \$10,000.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total from attached pages | \$ \$0.00 |

4. TOTAL CASH EXPENDITURES