### PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100861230

09-27-2018

**C4** 

(3/97)

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

BRUCE Q CHANDLER-SURPL	US ACC (Brud	ce Q Chand	ler Su	rplus A	.ccount)				
Mailing AddressCityPO Box 1108Zillah, WA									
Zip + 4 98953							ucus Committees: During		
	4) To (er	nd of period)	d of period) Final Report?		expenditure	(i.e., an expense	e not considered a contribution)		
Covered 02/01/10	5 02	/29/16	Yes	No X	supporting or	opposing a state	e or local candidate?		
RECEIPTS					*See next pag	ge	Yes No		
<ol> <li>Previous total cash and in kir (if beginning a new campaign</li> </ol>	nd contributions (From a or calendar year, see	n line 8, last C-4) e instruction boo	klet)				\$\$199,613.88		
2. Cash received (From line 2, S				\$	\$0.00				
3. In kind contributions received (From line 1, Schedule B)						\$0.00			
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	s 3)				\$0.00		
5. Loan principal repayments m	ess       City         108       Office Sought (Candidates)         STATE       REPRESENTATIVE         2023       Final Report Period, did the issuent this report this period (Line 2, Schedule B)			\$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 contrib	outions during campai	gn (Combine line	es 1, 4 & 7	)			\$199,613.88		
9. Total pledge payments due (l	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, see	n line 17, last C-4 e instruction boo	l) klet)			······	\$199,240.22		
11. Total cash expenditures (From line 4, Schedule A)						\$34.00			
12. In kind expenditures (goods &	& services) (From line	1, Schedule B).				\$0.00			
12. In kind expenditures (goods & services) (From line 1, Schedule B)       \$0.00         13. Total cash and in kind expenditures made this period (Line 11 plus line 12)						\$34.00			
14. Loan principal repayments made (From line 2, Schedule L)						\$0.00			
				Show + or	(-)	\$0.00			
16. Net adjustments this period (Combine lines 14 & 15)						. Show + or (-)	\$0.00		
17. Total cash and in kind expend	hents due (From line 2, Schedule B)       \$0.00         h and in kind expenditures (From line 17, last C-4)       \$199,240.22         w campaign or calendar year, see instruction booklet)       \$34.00         es (goods & services) (From line 1, Schedule B)       \$0.00         kind expenditures made this period (Line 11 plus line 12)       \$0.00         kind expenditures made (From line 2, Schedule L)       \$0.00         ayments made (From line 2, Schedule L)       \$0.00         iline 2 or 3, Schedule C)       \$0.00         his period (Combine lines 14 & 15)       Show + or (-)         kind expenditures during campaign (Combine lines 10, 13 and 16)       \$199,274.22         Lost       Unopposed on ballot       [Line 18 should equal your bank account balance(s) plus your petty cash balance.]								
CANDIDATES ONLY Name not CASH SUMMARY									
[Line 18 should equal your bank account balance(s) plus your petty cash balance.]							\$339.66		
Primary election		19. Liabilities:	(Sum of lo	ans and del	ots owed)		\$0.00		
Treasurer's Daytime Telephone N	lo.:	00 Delenes (0		lefieit) (line		0)			
(509)952-3084						, 	\$339.66		
	Loan principal repayments made (From line 2, Schedule L)								
5			, , , , , , , , , , , , , , , , , , ,						
BRUCE CHANDLER-SURPLUS ACC 09/27/18				Q Chano	dler-Surp	lus Acc	09/27/18		

# CASH RECEIPTS AND EXPENDITURE



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

#### Report Date BRUCE Q CHANDLER-SURPLUS ACC (Bruce Q Chandler Surplus Account) 02/01/16 02/29/16 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 RECEIPTS <u>\$0.0</u>0

Enter also on line 2 of C4

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:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 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)

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

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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 ..
- Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount. b)
- 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	A	Amount
N/A	Expenses of \$50 or less	N/A	N/A		\$34.00
			Total from attached pages	s \$	\$0.00

4. TOTAL CASH EXPENDITURES