

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100863927

10-10-2018

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

LAURIE DOLAN (Freinds	s of Laurie Do	olan Surpl	us Funds Acco	unt)		
Mailing Address 325 Washington St NE ‡						
Zip + 4 Office Sought (Cand 8501 STATE REPRES				*For PACs, Parties & Ca		
Report Period From (last C-	4) To (er	nd of period)	Final Report?	expenditure (i.e., an expens		ution)
Covered 09/01/1	8 09	/30/18	Yes No X	supporting or opposing a sta	ite or local candidate?	
RECEIPTS				*See next page	Yes No	
Previous total cash and in king (if beginning a new campaign	nd contributions (From n or calendar year, see	n line 8, last C-4) e instruction bool	klet)		\$ \$24,000	.09
2. Cash received (From line 2,					_	
3. In kind contributions received	d (From line 1, Schedu	\$0.00	_			
4. Total cash and in kind contril		\$0	.00			
5. Loan principal repayments m	nade (From line 2, Sch	edule L)		\$0.00	_	
6. Corrections (From line 1 or 3	s, Schedule C)		Show + or (\$0.00	_	
7. Net adjustments this period (\$0	.00				
8. Total cash and in kind contril	butions during campai	gn (Combine line	es 1, 4 & 7)		\$24,000	.09
9. Total pledge payments due (From line 2, Schedule	B)	\$0.00			
EXPENDITURES		•				
Previous total cash and in king (If beginning a new campaign	nd expenditures (From n or calendar year, se	n line 17, last C-4 e instruction boo	ł) klet)		\$23,512	.00
11. Total cash expenditures (Fro	om line 4, Schedule A)	\$0.00	<u>0</u>			
12. In kind expenditures (goods	& services) (From line	\$0.00	Ω			
13. Total cash and in kind expen	\$0	.00				
14. Loan principal repayments m	nade (From line 2, Sch	edule L)		\$0.00	<u>0</u>	
15. Corrections (From line 2 or 3	s, Schedule C)		Show + or (\$0.00	<u>0</u>	
16. Net adjustments this period (<u> </u>	.00				
17. Total cash and in kind expen	ditures during campai	gn (Combine line	es 10, 13 and 16)		\$23,512	. 00
CANDIDATES ONLY						
Won Lost	17)nce(s) plus your petty cash balance.]	\$488	.09			
Primary election						
General election	<u> </u>	ots owed)	\$0	.00		
Treasurer's Daytime Telephone No.: (206)999-6776 20. Balance (Surplus or deficit) (Line of the control of the				18 minus line 19)	\$488	.09
CERTIFICATION: I certify that the in	formation herein and on	accompanving sch	edules and attachments i	s true and correct to the best of m	y knowledge.	
Candidate's Signature	Date	. ,,	Treasurer's Signatur		Date	
AURIE DOLAN 10/10/18 Steven J				v	10/10/18	

CASH RECEIPTS AND EXPENDITURE

LAURIE DOLAN (Freinds of Laurie Dolan Surplus Funds Account)

Amount | Date of deposit

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

SCHEDULE to C4

Amount Date of deposit

09/01/18

Amount

09/30/18

Total deposits

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

Date of deposit

Report Date

2. TOTAL CASH RECEIPTS			Enter also on line	2 of C4	\$	\$0.00
committee, identify the candid When reporting payments to vence if expenditures are made directly petition, use code "V" and pro	narked contributions to a candidate or committee in the Descriptors for travel expenses, identify or indirectly to compensate a provide the following information o	date or commit otion block; y the traveler a erson or entity n an attached	teed to describe an expenditure, no of tee or independent expenditures that and travel purpose in the Description for soliciting signatures on a statew sheet: name and address of each poersons to date to gather signatures	at benefit a block; and ide initiativ person/enti	candidate o	erally or dum
CODE DEFINITIONS ON NEXT PAGE	C - Contributions (monetary, in I - Independent Expenditures L - Literature, Brochures, Print B - Broadcast Advertising (Ra N - Newspaper and Periodical O - Other Advertising (yard sig V - Voter Signature Gathering	ting dio, TV) Advertising gns, buttons, e	S - Surveys and F - Fundraising T - Travel, Acco M - Managemer c.) W - Wages, Sala	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		
amount column on the first lin. b) Itemize each expenditure of m c) For each payment to a candid copies of receipts/invoices su	e below nore than \$50 by date paid, nan ate, campaign worker, PR firm, oporting the payment.	ne and address	emized. Add up these expenditures s of vendor, code/description, and a lency or credit card company, attact	mount.		
	Vendor or Recipient (Name and Address)		Purpose of Expense and/or Description		Amount	
N/A Expenses	of \$50 or less	N/A	N/A			
Total from attached pages 4. TOTAL CASH EXPENDITURES Enter also on line 11 of C4						\$0.00 \$0.00