

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100865815

10-16-2018

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

| · | ETON SURPLUS | ACCOUNT) | | | | | | | | | |
|---|---|--|-------------|------------|--|----------------------------------|----------------|--------------|--------------------------------|--|--|
| Mailing Address P BOX 2140 | | | | | | City POULSBO, WA | | | | | |
| Zip + 4 98370 | didates) Election Date 2021 | | | | *For PACs, Parties & Caucus this report period, did the committee | | | | | | |
| Report Period From (last C- | 4) To (er | nd of period) | Final | Report? | <u>e</u> | expenditure (i.e., an expense no | | | not considered a contribution) | | |
| Covered 09/01/1 | 8 09 | /30/18 | Yes | No X | SL | ipporting or op | posing a state | e or local c | andidate? | | |
| RECEIPTS | | | | | *5 | See next page | | Yes | No | | |
| Previous total cash and in kir (if beginning a new campaign | nd contributions (From n or calendar year, see | line 8, last C-4) instruction bool | klet) | | | | | \$ | \$75,100.00 | | |
| 2. Cash received (From line 2, Schedule A) | | | | | \$ | \$0.00 | | | | | |
| 3. In kind contributions received | d (From line 1, Schedu | ıle 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 | ade (From line 2, Sch | edule L) | | | | | \$0.00 | | | | |
| 6. Corrections (From line 1 or 3 | , Schedule C) | | | . Show + c | or (-) | | \$0.00 | | | | |
| 7. Net adjustments this period (| Combine line 5 & 6) | | | | | SI | how + or (-) | | \$0.00 | | |
| 8. Total cash and in kind contrib | outions during campai | gn (Combine line | es 1, 4 & 7 |) | ¬ | | | | \$75,100.00 | | |
| 9. Total pledge payments due (| From line 2, Schedule | B) | | \$0.00 | 0 | | | | | | |
| EXPENDITURES | | | | | | | | | | | |
| Previous total cash and in kir (If beginning a new campaigr | nd expenditures (From n or calendar year, see | e instruction boo | l) klet) | | | | | | \$74,599.92 | | |
| 11. Total cash expenditures (Fro | m line 4, Schedule A) | | | | | | \$0.00 | | | | |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) | | | | | | | | | | | |
| 13. Total cash and in kind expenditures made this period (Line 11 plus line 12) | | | | | | | | \$0.00 | | | |
| 14. Loan principal repayments made (From line 2, Schedule L) | | | | | | | | | | | |
| 15. Corrections (From line 2 or 3 | | | . Show + c | or (-) | | \$0.00 | | | | | |
| 16. Net adjustments this period (| Combine lines 14 & 1 | 5) | | | | SI | how + or (-) | | \$0.00 | | |
| 17. Total cash and in kind expen | ditures during campai | gn (Combine line | es 10, 13 a | and 16) | | | | | \$74,599.92 | | |
| CANDIDATES ONLY | Name not | CASH SUMMA | | | | | | | • • | | |
| Won Lost U | Unopposed on ballot | 18. Cash on ha [Line 18 should e | | | | s) plus your petty ca | | | \$500.08 | | |
| Primary election | | 19. Liabilities: (Sum of loans and debts owed) | | | | | | \$0.00 | | | |
| Treasurer's Daytime Telephone No.: | | | | | | | - | | | | |
| (360)697-4954 20. Balance (Surplus or deficit) (Line 18 minus line | | | | | minus line 19) . | | | \$500.08 | | | |
| CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge. | | | | | | | | Doto | | | |
| Candidate's Signature Date Treasurer's Signature | | | | ei s Signa | uure | | | | Date | | |
| SHERRY APPLETON 10/16/18 ALVIN F ANDR | | | | RUS | | | | 10/16/18 | | | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

1/93)

2

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

Report Date

| Candidate of Confinite Name (Do not appreviate. Ose full name.) | | | | | | report bate | | | |
|---|-------------------------------------|-----------------|----------------------------------|-----------------|-------------------------|----------------------|-----------|--|--|
| SHERR | Y APPLETON | (APPLETON | SURPLUS ACCOUNT) | | | 09/01/18 | 09/30/18 | | |
| 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 | | | |
| | | | | | | | | | |
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| 2. TC | TAL CASH RECE | IPTS | | | Enter a | llso on line 2 of C4 | \$ \$0.00 | | |
| | DDES FOR CLASS eded. The excepti | ons are: | DITURES: If one of the following | 0 | ed to describe an expen | • | , , | | |

- 1) 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.

CODE DEFINITIONS ON NEXT PAGE

- C Contributions (monetary, in-kind & transfers)
- 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
- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals M Management/Consulting Services
- W Wages, Salaries, Benefits

Enter also on line 11 of C4

\$0.00

G - General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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 | Д | mount |
|-----------|--|----------|---------------------------------------|-------|--------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
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| | | <u> </u> | Total from attached page | es \$ | \$0.00 |