

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100875398

12-06-2018

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

Barbara F Bailey (Friends of Barb	ara Bailey	Surplus Acco	ount)				
Mailing Address City PO Box 374 Oak Harbor, WA								
Zip + 4 Office Sought (Cand 98277 STATE SENATO			Election Date 2021				us Committees: During ittee make an independent	
Report Period From (las	st C-4) To (e	end of period)	Final Report?	expenditure (i.e.	, an expense	not consi	dered a contribution)	
Covered 10/01	./18 10	0/31/18	Yes No X	supporting or opp	osing a state	or local c	andidate?	
RECEIPTS			•	*See next page		Yes	No	
Previous total cash and i (if beginning a new camp	in kind contributions (From paign or calendar year, se	m line 8, last C-4) ee instruction boo	klet)		····· <u>-</u>	\$	\$285,615.11	
2. Cash received (From line	e 2, Schedule A)			····· <u></u> \$	\$0.00			
3. In kind contributions rece	eived (From line 1, Sched	ule B)			\$0.00			
4. Total cash and in kind co			\$0.00					
Loan principal repayments made (From line 2, Schedule L)								
6. Corrections (From line 1	6. Corrections (From line 1 or 3, Schedule C)							
7. Net adjustments this per	7. Net adjustments this period (Combine line 5 & 6)							
8. Total cash and in kind co	ontributions during campa	ign (Combine line	es 1, 4 & 7)				\$285,615.11	
9. Total pledge payments d	lue (From line 2, Schedul	e B)	\$0.00					
EXPENDITURES								
10. Previous total cash and i (If beginning a new camp	in kind expenditures (From paign or calendar year, se	m line 17, last C-4 ee instruction boo	1) klet)				\$239,123.98	
11. Total cash expenditures	(From line 4, Schedule A)			\$0.00			
12. In kind expenditures (goods & services) (From line 1, Schedule B)								
13. Total cash and in kind ex			\$0.00					
14. Loan principal repayments made (From line 2, Schedule L)								
15. Corrections (From line 2 or 3, Schedule C)								
16. Net adjustments this per	ow + or (-)		\$0.00					
17. Total cash and in kind ex	spenditures during campa	nign (Combine line	es 10, 13 and 16)				\$239,123.98	
CANDIDATES ONLY	Name not t Unopposed on ballot	CASH SUMMA						
Won Los	sh balance.]		\$46,491.13					
Primary election								
General election			\$0.00					
Treasurer's Daytime Telepho	ne No.:	20. Balance (Surplus or deficit) (Line 18 minus line 19)					\$46,491.13	
					_		7-0,101.10	
CERTIFICATION: I certify that to Candidate's Signature	he information herein and on Date		edules and attachments Treasurer's Signatu		ne best of my l	knowledge.	Date	
G								
Barbara Bailey	12	2/06/18	Bernis H Bai	теу			12/06/18	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

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

Report Date

				of Barbara Bai					01/18	10/31/18	
		EIPTS (Contribu	,	h have been reported		٠.		•		Tatal dan saita	
Da	ate of deposit		Amount	Date of deposit	Amo	ount	Date of deposit	An	nount	Total deposits	
2.	TOTAL CAS	H RECEIPTS					En	ter also on line 2	of C4 \$	\$0.00	
1) 2) 3)	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										
3.	C - Contributions (monetary, in-kind & transfers) DEFINITIONS ON NEXT PAGE C - Contributions (monetary, in-kind & transfers) I - Independent Expenditures S - Surveys and Polls L - Literature, Brochures, Printing B - Broadcast Advertising (Radio, TV) T - Travel, Accommodation N - Newspaper and Periodical Advertising O - Other Advertising (yard signs, buttons, etc.) W - Wages, Salaries, Bento V - Voter Signature Gathering G - General Operation and Stephalor (Stephalor) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show 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 copies of receipts/invoices supporting the payment.								olls vent Expen modations Consulting les, Benefi ation and Cond show the ount.	nses , Meals Services ts Overhead ne total in the	
Da	ate Paid			r Recipient	Code			of Expense escription		Amount	
	N/A	Exp	,	\$50 or less	N/A		N/A	•		Amount	
						↓					

\$ Total from attached pages \$0.00 \$ Enter also on line 11 of C4 \$0.00