

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100885428

02-18-2019

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

GINA MOSBRUCKER (Gina	Mosbrucker Surp	lus Acc	count)						
Mailing Address PO Box 1105						City Goldendale,	WA		
Zip + 4 98620	Office Sought (Candidate: STATE REPRESENT		Electi 2019	on Da	te	*For PACs, Part			
Report Period From (last C-	4) To (end of p	period)	Final	Repor	t?	expenditure (i.e.,	an expense	not conside	red a contribution)
Covered 12/01/1	8 01/31	/19	Yes	No	x	supporting or oppo	sing a state	or local car	ndidate?
RECEIPTS			<b>.</b>		'	*See next page		Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8 n or calendar year, see instr	8, last C-4) ruction book	let)				····· <u>-</u>	\$	\$60,938.63
2. Cash received (From line 2,	Schedule A)					··· _ \$	\$0.00		
3. In kind contributions received	d (From line 1, Schedule B).						\$0.00		
4. Total cash and in kind contrib	outions received this period	(Line 2 plus	3)						\$0.00
5. Loan principal repayments m	ade (From line 2, Schedule	L)					\$0.00		
6. Corrections (From line 1 or 3	, Schedule C)			. Show	+ or (	-)	\$0.00		
7. Net adjustments this period (	Combine line 5 & 6)					Sho	w + or (-) _		\$0.00
8. Total cash and in kind contrib	outions during campaign (Co	ombine line	s 1, 4 & 7	)					\$60,938.63
9. Total pledge payments due (	From line 2, Schedule B)			\$0.	00				
EXPENDITURES									
<ol><li>Previous total cash and in kir (If beginning a new campaigr</li></ol>	nd expenditures (From line n or calendar year, see instr	17, last C-4) uction book	) :let)						\$38,756.58
11. Total cash expenditures (Fro	m line 4, Schedule A)					··· <u>\$1</u> ,	000.00		
12. In kind expenditures (goods	& services) (From line 1, Sc	hedule B)					\$0.00		
13. Total cash and in kind expen	ditures made this period (Li	ne 11 plus l	ine 12)						\$1,000.00
14. Loan principal repayments m	ade (From line 2, Schedule	L)					\$0.00		
15. Corrections (From line 2 or 3	, Schedule C)			. Show	+ or (	-)	\$0.00		
16. Net adjustments this period (	Combine lines 14 & 15)					Sho	w + or (-)		\$0.00
17. Total cash and in kind expen	ditures during campaign (C	ombine line	s 10, 13 a	and 16	)				\$39,756.58
CANDIDATES ONLY  Won Lost U		SH SUMMA			a lina 1	17\			\$21,182.05
						17) nce(s) plus your petty cash			\$21,102.US
Primary election	Primary election								\$0.00
Treasurer's Daytime Telephone No.:  20. Balance (Surplus or deficit) (Line 18 minus line 19)							•		
(253)220-5590	20.1	Jaiance (Su	iipius or 0	iencit)	(Line	ro minus line 19)			\$21,182.05
CERTIFICATION: I certify that the in	formation herein and on accom	panying sche					e best of my l	nowledge.	
Candidate's Signature	Date		Treasure	er's Sig	gnatur	e			Date
GINA MOSBRUCKER 02/18/19 Ja			Jason	Mic	haud	l		02	2/18/19

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE

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

port Bato		Candidate of Committee Name (Do not appreviate. Ose full name.)						
01/31/19	12/01/18		count)	rucker Surplus Ac	(Gina Mosbr	A MOSBRUCKER	GINA	
	ort was submitted	osit made since last C4 rep	3. List each dep	h have been reported on C3	(Contributions) which	CASH RECEIPTS	1. (	
Total deposits	Amount	Date of deposit	Amount	Date of deposit	Amount	e of deposit	Date	
\$0.00	on line 2 of C4	Enter also	EIPTS	2. TOTAL CASH RECE				
otion is generally	re, no other descri	ed to describe an expenditu	ing codes is use	ITURES: If one of the following		CODES FOR CLAS		

- 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.

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
- 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	ļ	Amount
N/A	Expenses of \$50 or less	N/A	N/A		
01/02/19	PRO-LIFE COALITION 314 N. 2nd St. Yakima, WA 98901		Charitable Donation	:	\$1,000.00
			Total from attached pag	jes \$	\$0.00

Enter also on line 11 of C4

\$1,000.00