PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908

KELLY CHAMBERS

SUMMARY, FULL REPORT **RECEIPTS AND** ----

PDC OFFICE USE 100893179

03/10/19

C4

| TOLL FREE 1-877-601-2828 | | | (3/97) | | |
|---|---------------------------------|------------------|---|--------------|------------------|
| Candidate or Committee Name (Do not abbreviate. Include ful | l name) | | | - 03 | 3-10-2019 |
| KELLY M CHAMBERS (Kelly M. Chambers S | urplus Accour | nt) | | | |
| Mailing Address | | | City | | |
| 1002 N. Meridian, STE 100 PMB 207 | I | | Puyallup, WA | | |
| Zip + 4 Office Sought (Candidate: | , | | *For PACs, Parties & Ca | | |
| 98371-4409 STATE REPRESENT Report Period From (last C-4) To (end of p | | | his report period, did the col expenditure (i.e., an expension | | |
| Covered | | s | supporting or opposing a sta | | |
| 02/01/19 02/28, | Yes Yes | No X | | | |
| RECEIPTS | | * | *See next page | Yes | No |
| Previous total cash and in kind contributions (From line 8 (if beginning a new campaign or calendar year, see instr | 3, last C-4) uction booklet) | | | . ¢ | \$4,000.00 |
| 2. Cash received (From line 2, Schedule A) | | | | | <u> </u> |
| | | | | _ | |
| 3. In kind contributions received (From line 1, Schedule B). | | | \$0.00 | _ | |
| 4. Total cash and in kind contributions received this period | (Line 2 plus 3) | | | | \$0.00 |
| 5. Loan principal repayments made (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) | | | Show + or (-) | | \$0.00 |
| 8. Total cash and in kind contributions during campaign (Co | ombine lines 1, 4 & 7) | | | | \$4,000.00 |
| 9. Total pledge payments due (From line 2, Schedule B) | | \$0.00 | | | - |
| EXPENDITURES | | | | | |
| Previous total cash and in kind expenditures (From line (If beginning a new campaign or calendar year, see instr | 17, last C-4) | | | | _ |
| | | | | • | \$0.00 |
| 11. Total cash expenditures (From line 4, Schedule A) | | | \$0.0 | <u>0</u> | |
| 12. In kind expenditures (goods & services) (From line 1, Sc | hedule B) | | | | |
| | | | \$0.0 | ם | |
| 13. Total cash and in kind expenditures made this period (Li | ne 11 plus line 12) | | | | \$0.00 |
| 14. Loan principal repayments made (From line 2, Schedule | L) | | 40 0 | • | |
| | | | \$0.0 | | |
| 15. Corrections (From line 2 or 3, Schedule C) | | Show + or (-) | \$0.0 | <u>0</u> | |
| 16. Net adjustments this period (Combine lines 14 & 15) | | | Show + or (-) | | \$0.00 |
| 17. Total cash and in kind expenditures during campaign (C | ombine lines 10, 13 a | nd 16) | | | \$0.00 |
| | HSUMMARY | | | | <i>44</i> 000 00 |
| | | |) e(s) plus your petty cash balance.] | | \$4,000.00 |
| Primary election | | d deb (| | | |
| | Liabilities: (Sum of loa | ins and debts | s owed) | | \$0.00 |
| Treasurer's Daytime Telephone No.: 20. E | Balance (Surplus or de | eficit) (Line 18 | 3 minus line 19) | | |
| (253)220-5590 | , . , | / | ·, | | \$4,000.00 |
| CERTIFICATION: I certify that the information herein and on accom | | | rue and correct to the best of m | y knowledge. | Data |
| Candidate's Signature Date | reasure | 's Signature | | | Date |

03/10/19

Jason Michaud

CASH RECEIPTS AND EXPENDITURE



| Candidate or Committee Name (Do not abbreviate. Use full name.) | | | R | Report Date | | |
|---|-------------------|-----------------------------|-----------------|--------------------------|----------------------|----------------------|
| KELLY M CHAMBERS | (Kelly M. | Chambers Surplus | Account) | | 02/01/19 | 02/28/19 |
| 1. CASH RECEIPTS (Cor | ntributions) whic | h have been reported on C3. | . List each dep | oosit made since last C4 | report was submitted | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | • |
| 2. TOTAL CASH RECEIPT | ГS | | | Enter al | so on line 2 of C4 | ^{\$} \$0.00 |

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:

- 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.

C - Contributions (monetary, in-kind & transfers)

CODF 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 ..
- 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 | A | mount |
|-----------|---|------|--|-------|-------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
| | | | | | |
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| | | | | | |
| | | | Total from attached pag | es \$ | \$0.0 |

4. TOTAL CASH EXPENDITURES