

# SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

|   |   |                                  |   |
|---|---|----------------------------------|---|
| Candidate or Committee Name (Do not abbreviate. Include full name)<br><b>JEREMIE J DUFAULT (FRIENDS OF JEREMIE DUFAULT SURPLUS FUNDS ACCOUNT)</b> |   |                                  |   |
| Mailing Address<br><b>PO BOX 579</b>  |   | City<br><b>SELAH, WA</b>         |   |
| Zip + 4<br><b>98942</b>   | Office Sought (Candidates)<br><b>STATE REPRESENTATIVE</b> | Election Date<br><b>2023</b>     | *For PACs, Parties & Caucus Committees: During this report period, did the committee make an <u>independent expenditure</u> (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate? |
| Report Period Covered<br>From (last C-4)<br><b>02/01/19</b>   | To (end of period)<br><b>02/28/19</b>                     | Final Report?<br>Yes No <b>X</b> |   |

| RECEIPTS   |  | *See next page | Yes | No                 |
|--|--|----------------|-----|--------------------|
| 1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet) ..... |  | \$             |     | <b>\$60,698.36</b> |
| 2. Cash received (From line 2, Schedule A) .....   |  | \$             |     | <b>\$0.00</b>      |
| 3. In kind contributions received (From line 1, Schedule B) .....  |  |                |     | <b>\$0.00</b>      |
| 4. Total cash and in kind contributions received this period (Line 2 plus 3) .....   |  |                |     | <b>\$0.00</b>      |
| 5. Loan principal repayments made (From line 2, Schedule L) .....  |  |                |     | <b>\$0.00</b>      |
| 6. Corrections (From line 1 or 3, Schedule C) .....  |  | Show + or (-)  |     | <b>\$0.00</b>      |
| 7. Net adjustments this period (Combine line 5 & 6) .....  |  | Show + or (-)  |     | <b>\$0.00</b>      |
| 8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7) .....   |  |                |     | <b>\$60,698.36</b> |
| 9. Total pledge payments due (From line 2, Schedule B) .....   |  | <b>\$0.00</b>  |     |                    |

| EXPENDITURES  |  |                             |
|---|--|-----------------------------|
| 10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet) ..... |  | <b>\$25,029.60</b>          |
| 11. Total cash expenditures (From line 4, Schedule A) .....   |  | <b>\$0.00</b>               |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) .....   |  | <b>\$0.00</b>               |
| 13. Total cash and in kind expenditures made this period (Line 11 plus line 12) .....   |  | <b>\$0.00</b>               |
| 14. Loan principal repayments made (From line 2, Schedule L) .....  |  | <b>\$0.00</b>               |
| 15. Corrections (From line 2 or 3, Schedule C) .....  |  | Show + or (-) <b>\$0.00</b> |
| 16. Net adjustments this period (Combine lines 14 & 15) .....   |  | Show + or (-) <b>\$0.00</b> |
| 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16) .....   |  | <b>\$25,029.60</b>          |

|   |                          |                          |                          |                          |   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <b>CANDIDATES ONLY</b>                                      |                          |                          |                          | <b>CASH SUMMARY</b>      |   |
|   | Won                      | Lost                     | Unopposed                | Name not on ballot       |   |
| Primary election  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Cash on hand (Line 8 minus line 17) .....                                     |
| General election  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [Line 18 should equal your bank account balance(s) plus your petty cash balance.] |
| Treasurer's Daytime Telephone No.:<br><b>(509) 457-1515</b> |                          |                          |                          |                          | 19. Liabilities: (Sum of loans and debts owed) .....                              |
|   |                          |                          |                          |                          | 20. Balance (Surplus or deficit) (Line 18 minus line 19) .....                    |
|   |                          |                          |                          |                          | <b>\$35,668.76</b>  |
|   |                          |                          |                          |                          | <b>\$0.00</b>   |
|   |                          |                          |                          |                          | <b>\$35,668.76</b>  |

|  |                 |                       |                 |
|--|-----------------|-----------------------|-----------------|
| <b>CERTIFICATION:</b> I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge. |                 |                       |                 |
| Candidate's Signature  | Date            | Treasurer's Signature | Date            |
| <b>JEREMIE DUFAULT</b>   | <b>03/11/19</b> | <b>RYAN D GRIFFEE</b> | <b>03/11/19</b> |

# CASH RECEIPTS AND EXPENDITURE

SCHEDULE  
to C4

**A**  
(11/93)

2

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

Report Date

**JEREMIE J DUFAULT (FRIENDS OF JEREMIE DUFAULT SURPLUS FUNDS ACCOUNT)** 02/01/19 02/28/19

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 |
|-----------------|--------|-----------------|--------|-----------------|--------|----------------|
|                 |        |                 |        |                 |        |                |

2. TOTAL CASH RECEIPTS Enter also 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:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures 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  
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<br>(Name and Address) | Code | Purpose of Expense<br>and/or Description | Amount |
|-----------|---|------|--|--------|
| N/A       | Expenses of \$50 or less                  | N/A  | N/A                                      |        |
|           |   |      |  |        |
|           |   |      |  |        |
|           |   |      |  |        |
|           |   |      |  |        |
|           |   |      |  |        |
|           |   |      |  |        |
|           |   |      |  |        |
|           |   |      |  |        |

4. TOTAL CASH EXPENDITURES Total from attached pages \$ **\$0.00**  
Enter also on line 11 of C4 \$ **\$0.00**