## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

DISCLOSURE COMMISSION

PO BOX 40908

(360) 753-1111

711 CAPITOL WAY RM 206

OLYMPIA WA 98504-0908

TOLL FREE 1-877-601-2828

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

PUBLIC

PDC OFFICE USE 100901796

05-07-2019

**C4** 

(3/97)

NOEL FRAME (Noel Fra	ame Surplus Funds	Accoun	t)					
Mailing Address PO Box 99143					ty eattle, Wi	A		
Zip + 4 99143	Office Sought (Candidat STATE REPRESEN	,	Election Date 2020					nmittees: During ke an independent
Report Period From (last 0	C-4) To (end o	f period)	Final Report?	ex	penditure (i.e.,	an expense	not consid	dered a contribution)
Covered 04/01/	19 04/3	0/19	Yes No X	c sup	pporting or oppo	osing a state	or local c	andidate?
RECEIPTS			1	*s	ee next page		Yes	No
<ol> <li>Previous total cash and in (if beginning a new campai</li> </ol>	kind contributions (From line on or calendar year, see ins	e 8, last C-4) struction bool	klet)				\$	\$83,468.94
2. Cash received (From line 2	2, Schedule A)			······ <u>-</u>	\$	\$0.00		
3. In kind contributions receiv	ed (From line 1, Schedule E	3)				\$0.00		
4. Total cash and in kind cont	ributions received this perio	od (Line 2 plu	s 3)					\$0.00
5. Loan principal repayments	made (From line 2, Schedu	ıle L)		······ <u>–</u>		\$0.00		
6. Corrections (From line 1 or	3, Schedule C)		Show +	or (-)		\$0.00		
7. Net adjustments this period	· · · ·					-		\$0.00
8. Total cash and in kind cont						-		<i>QUD / 1001 / 1</i>
9. Total pledge payments due	e (From line 2, Schedule B).		\$0.0	0				
EXPENDITURES								
10. Previous total cash and in (If beginning a new campa)	kind expenditures (From line ign or calendar year, see ins	e 17, last C-4 struction bool	l) klet)			······ _		\$74,916.94
11. Total cash expenditures (F	rom line 4, Schedule A)					\$0.00		
12. In kind expenditures (good	s & services) (From line 1, S	Schedule B) .		······ _		\$0.00		
13. Total cash and in kind expe								\$0.00
14. Loan principal repayments	made (From line 2, Schedu	ıle L)				\$0.00		
15. Corrections (From line 2 or	3, Schedule C)		Show +	or (-)		\$0.00		
16. Net adjustments this period	d (Combine lines 14 & 15)				Shc	ow + or (-) _		\$0.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)								\$74,916.94
CANDIDATES ONLY		ASH SUMMA						
Won Lost			Ind (Line 8 minus li equal your bank account	,				\$8,552.00
Primary election		). Liabilities:	(Sum of loans and	l debts o	wed)			\$0.00
Treasurer's Daytime Telephone No.:       20. Balance (Surplus or deficit) (Line 1)         (206)682-7328       20. Balance (Surplus or deficit) (Line 1)				_ine 18 n	ninus line 19)			\$8,552.00
CERTIFICATION: I certify that the	information berein and on acco	mnanving sch	edules and attachmo	onts is true	e and correct to th	e hest of my	knowledge	
Candidate's Signature	Date	mpanying sch	Treasurer's Signa			io dest of thy I	alowiedye.	Date
NOEL FRAME	05/05	7/19	Josie Olse	n			(	05/07/19

## CASH RECEIPTS AND EXPENDITURE



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

	(= =		/			•	
NOEL FRAME (Noel	Frame Surp	lus Funds Acco	ount)		04/01/19	04/30/19	
1. CASH RECEIPTS (Co	ontributions) whic	h have been reported or	n C3. List each dep	osit made since last C4	report was submitte	d.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits	
2. TOTAL CASH RECEIF	PTS			Enter al	so on line 2 of C4	\$ \$0.	იი

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

P - Postage, Mailing Permits

2 Report Date

- 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		
			Total from attached pages	\$	\$0.00

4. TOTAL CASH EXPENDITURES