PUBLIC	DISCLO	SURE COMMISSION
AT LEAD		711 CAPITOL WAY RM 206
T I		PO BOX 40908
		OLYMPIA WA 98504-0908
		(360) 753-1111
		TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE

C4

(3/97)

06-06-2019

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

(Timm Ormsby Surplus	Funds)			0.1	
Mailing Address PO Box 2177				City Spokane, WA	
Zip + 4 99210	Office Sought (Cano STATE REPRES		Election Date 2020	*For PACs, Parties & Cat this report period, did the com	ucus Committees: During mittee make an independent
Report Period From (last	C-4) To (e	nd of period)	Final Report?	expenditure (i.e., an expense	e not considered a contribution)
Covered 05/01/	19 05	5/31/19	Yes No X	supporting or opposing a state	e or local candidate?
RECEIPTS				*See next page	Yes No
1. Previous total cash and in (if beginning a new campa	kind contributions (From ign or calendar year, se	n line 8, last C-4) e instruction boo	klet)		\$\$376,950.00
2. Cash received (From line 2	2, Schedule A)			\$\$0.00	
3. In kind contributions received	ved (From line 1, Schedu	ule B)		\$0.00	
4. Total cash and in kind con	tributions received this p	period (Line 2 plu	ıs 3)		\$0.00
5. Loan principal repayments	made (From line 2, Sch	nedule L)			
6. Corrections (From line 1 o	r 3, Schedule C)		Show + or (-) \$0.00	
7. Net adjustments this perio	d (Combine line 5 & 6)			Show + or (-)	\$0.00
8. Total cash and in kind con	tributions during campai	ign (Combine line	es 1, 4 & 7)		\$376,950.00
9. Total pledge payments du	e (From line 2, Schedule	e B)	\$0.00		
EXPENDITURES		•			
10. Previous total cash and in (If beginning a new campa	kind expenditures (Fron ign or calendar year, se	n line 17, last C-4 e instruction boo	4) klet)		\$370,122.00
11. Total cash expenditures (F	From line 4, Schedule A)			\$0.00	
12. In kind expenditures (good	ls & services) (From line	e 1, Schedule B)			
13. Total cash and in kind exp	enditures made this per	iod (Line 11 plus	line 12)		\$0.00
14. Loan principal repayments	made (From line 2, Sch	nedule L)			
15. Corrections (From line 2 o	r 3, Schedule C)		Show + or (-) \$0.00	
16. Net adjustments this perio	d (Combine lines 14 & 1	5)		Show + or (-)	\$0.00
17. Total cash and in kind exp	enditures during campa	ign (Combine line	es 10, 13 and 16)		\$370,122.00
CANDIDATES ONLY	Name not	CASH SUMMA			
Won Lost	Unopposed on ballot			17) nce(s) plus your petty cash balance.]	\$6,828.00
Primary election		19 Liabilities	(Sum of loans and deb	ots owed)	
Treasurer's Daytime Telephon	e No.:	TO: LIGDINGO.	(our or loans and doe		\$0.00
(206)682-7328		20. Balance (S	urplus or deficit) (Line	18 minus line 19)	\$6,828.00
CERTIFICATION: I certify that the	information herein and on	accompanying sch		-	
Candidate's Signature	Date		Treasurer's Signature	e	Date
TIMM ORMSBY SURPLUS	FUNDS 06	/06/19	Josie Olsen H	Petterson	06/06/19

CASH RECEIPTS AND EXPENDITURE



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

Candidate of Committee Name (Do not abbreviate. Use full name.)				Report Date			
(Timm Ormsby Surplu	us Funds))			05/01/19	05/31/19	
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	5			Enter a	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

P - Postage, Mailing Permits

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- 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		
I		1 1	Total from attached pag	es \$	\$0.00

4. TOTAL CASH EXPENDITURES