

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100911014 AMENDS 100909530 06-16-2019

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

Kristine M Reeves (Kr	istine Reeves Su	ırplus F	'unds	Acco	unt)			
Mailing Address PO Box 24163						City Federal Way, WA		
Zip + 4 98093	Office Sought (Candidate STATE REPRESENT	,	Electi 2020	on Date	Э	*For PACs, Parties & this report period, did the		
Report Period From (last C-4	4) To (end of	period)	Final	Report	?	expenditure (i.e., an expe	nse not c	considered a contribution)
Covered 05/01/1:	9 05/31	/19	Yes	No :	x	supporting or opposing a s	tate or lo	cal candidate?
RECEIPTS						*See next page	Yes	s No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line or calendar year, see insti	8, last C-4) ruction bookl	let)				···· <u>\$</u>	\$31,614.08
2. Cash received (From line 2, 9	Schedule A)					··_\$ \$0.0	0_	
3. In kind contributions received	(From line 1, Schedule B)					\$0.0	0_	
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	e L)				\$0.0	0_	
6. Corrections (From line 1 or 3	, Schedule C)			Show -	+ or (-	\$0.0	0_	
7. Net adjustments this period (Combine line 5 & 6)					Show + or (-)	\$0.00
8. Total cash and in kind contrib	outions during campaign (C	ombine lines	s 1, 4 & 7	·)				\$31,614.08
9. Total pledge payments due (From line 2, Schedule B)			\$0.0	00			
EXPENDITURES								
Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From line n or calendar year, see inst	17, last C-4) ruction book	let)					\$19,752.27
11. Total cash expenditures (Fro	m line 4, Schedule A)					\$2,095.	20	
12. In kind expenditures (goods 8	& services) (From line 1, So	chedule B)				<u>\$0.</u>	0.0	
13. Total cash and in kind expen	ditures made this period (L	ine 11 plus li	ine 12)					\$2,095.20
14. Loan principal repayments m	ade (From line 2, Schedule	e L)				 \$0.	<u>00</u>	
15. Corrections (From line 2 or 3	, Schedule C)			Show -	+ or (-	\$0.	00	
16. Net adjustments this period (Combine lines 14 & 15)					Show + or (-)	\$0.00
17. Total cash and in kind expen	ditures during campaign (C	combine lines	s 10, 13 a	and 16)				\$21,847.47
CANDIDATES ONLY		SH SUMMAF						40 =
Won Lost U						7)ce(s) plus your petty cash balance.]		\$9,766.61
General election				ts owed)		\$0.00		
Treasurer's Daytime Telephone No.: (206)486-0085 20. Balance (Surplus or deficit			deficit) (Line 1	8 minus line 19)		\$9,766.61	
CERTIFICATION: I certify that the in	formation herein and on accom	npanying sche	dules and	attachm	ents is	true and correct to the best of	my knowle	edge.
Candidate's Signature	Date		Treasure					Date
Kristine Reeves	06/16	/19	Jason	Benr	ett			06/16/19

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

Α	
(11/93)	

2

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

Report Date

Kristine M Reeves	(Kristine	Reeves Surplu	us Funds Acc	ount)	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 RECEIPT	S			Enter a	lso 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 <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> 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

Enter also on line 11 of C4

\$2,095.20

- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services W Wages, Salaries, Benefits
- G General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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	Amount
N/A	Expenses of \$50 or less	N/A	N/A	\$278.88
05/06/19	Freedom Cabs 4601 Glencoe Street Denver, CO 80216	т	travel to airport	\$63.91
05/06/19	Uber 1455 Market Street #400 San Francisco, CA 94103	т	Uber travel	\$56.16
05/07/19	Aramark Conference Center Hotel 9600 Newbridge Drive Potomac, MD 20854	T	lodging for conference	\$336.74
05/13/19	Emily Labish 4248 A Street Southeast Space Auburn, WA 98002	G	child care	\$85.00
05/14/19	Alaska Air 17801 International Boulevard SeaTac, WA 98158	т	airfare for conference	\$756.60
05/16/19	Usps 32829 Pacific Hwy S Federal Way, WA 98003	G	stamps	\$235.41
	1	1	Total from attached pages	\$ \$282.50

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

Report Date

Kristine M Reeves (Kristine Reeves Surplus Funds Account) 05/01/19 05/31/19

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
05/23/19	Emily Labish 4248 A Street Southeast Space Auburn, WA 98002	G	childcare	\$82.50
05/23/19	Thai Taste 601 2nd Avenue Seattle, WA 98104	G	meal for meeting	\$65.00
05/28/19	Emily Labish 4248 A Street Southeast Space Auburn, WA 98002	G	childcare	\$60.00
05/29/19	Well 80 Brewpub 514 4th Avenue East Olympia, WA 98501	G	meal for meeting	\$75.00