

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100915876

07-10-2019

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

MATT SHEA (COMMITTEE	TO ELECT MATT SHE	A)							
Mailing Address PO BOX 142180						City S POKANE	VALLEY,	WA	
Zip + 4 99206	Office Sought (Candidates) STATE REPRESENTA		Electi 2020	on Date					Committees: During e make an independent
Report Period From (last C-4	4) To (end of pe	eriod)	Final	Report?					considered a contribution)
Covered 06/01/19	9 06/30/3	19	Yes	No X	<u>s</u>	upporting o	or opposing a st	ate or lo	cal candidate?
RECEIPTS					*	See next p	age	Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8, n or calendar year, see instru	last C-4) ction book	:let)				-		\$11,319.25
2. Cash received (From line 2, §	Schedule A)					\$	\$149.00	<u> </u>	
3. In kind contributions received	I (From line 1, Schedule B)						\$0.00	<u> </u>	
4. Total cash and in kind contrib	outions received this period (I	ine 2 plus	3)						\$149.00
5. Loan principal repayments m	ade (From line 2, Schedule L	.)					\$0.00	<u> </u>	
6. Corrections (From line 1 or 3,	, Schedule C)			Show + o	or (-)		\$0.00	<u> </u>	
7. Net adjustments this period (Combine line 5 & 6)						Show + or (-)		\$0.00
8. Total cash and in kind contrib	outions during campaign (Cor	mbine line	s 1, 4 & 7	·)	 7				\$11,468.25
9. Total pledge payments due (I	From line 2, Schedule B)			\$0.00					
EXPENDITURES									
Previous total cash and in kin (If beginning a new campaign	nd expenditures (From line 17 n or calendar year, see instru	7, last C-4) ction book) (let)						\$7,857.77
11. Total cash expenditures (From	m line 4, Schedule A)						\$1,202.9	<u> 5</u>	
12. In kind expenditures (goods 8	& services) (From line 1, Sch	edule B)					\$0.0	10	
13. Total cash and in kind expend	ditures made this period (Line	e 11 plus l	ine 12)						\$1,202.95
14. Loan principal repayments m	ade (From line 2, Schedule L	.)					\$0.0	0	
15. Corrections (From line 2 or 3,	, Schedule C)			Show + o	or (-)		\$0.0	0	
16. Net adjustments this period (Combine lines 14 & 15)						Show + or (-)		\$0.00
17. Total cash and in kind expend	ditures during campaign (Cor	mbine line	s 10, 13 a	and 16)					\$9,060.72
CANDIDATES ONLY		SUMMA			\				40 405 53
Won Lost U			•		,	•	etty cash balance.]		\$2,407.53
Primary election		abilities: (Sum of lo	ans and d	lebts	owed)		. <u> </u>	\$2,500.00
Treasurer's Daytime Telephone N									
(509)928-2495	20. Ba	alance (Su	irplus or c	teficit) (Lin	ne 18	minus line	19)		(\$92.47)
CERTIFICATION: I certify that the inf	·	anying sche				rue and corre	ect to the best of r	ny knowle	
Candidate's Signature	Date		Treasure	er's Signati	ure				Date
MATT SHEA	07/10/1	L9	MERRI	NICKE	RSO:	N			07/10/19

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A

2

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

Report Date

MATT SHEA (COMMITTEE TO ELECT MATT	IT SHEA	MATT SHEA)
------------------------------------	---------	------------

06/01/19

06/30/19

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
06/07/2019	\$50.00					
06/25/2019	\$20.00					
06/14/2019	\$79.00					
						•

2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 _____

\$149.00

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)
- P Postage, Mailing Permits

I - Independent Expenditures

S - Surveys and Polls

L - Literature, Brochures, Printing

- F Fundraising Event Expenses
 T Travel, Accommodations, Meals
- B Broadcast Advertising (Radio, TV) N - Newspaper and Periodical Advertising
- M Management/Consulting Services
- O Other Advertising (yard signs, buttons, etc.)
- W Wages, Salaries, Benefits

V - Voter Signature Gathering

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	Amount
N/A	Expenses of \$50 or less	N/A	N/A	\$137.61
06/05/19	AMAZON 410 TERRY AVE. NORTH SEATTLE, WA 98109		SOUND EQUIPMENT	\$93.44
06/06/19	BROADCAST SUPPLY WORLDWIDE 2237 SO. 19TH TACOMA, WA 98405		PODCAST PRODUCTION CONSOLE	\$676.71
06/10/19	CONSTANT CONTACT SPOKANE, WA		SOCIAL MEDIA	\$70.79
06/20/19	OFFICE DEPOT 14008 E SPRAGUE SPOKANE VALLEY, WA 99206		OFFICE SUPPLIES	\$152.45
06/17/19	OFFICE DEPOT 14008 E SPRAGUE SPOKANE VALLEY, WA 99206		OFFICE SUPPLIES	\$71.95

Total from attached pages

\$0.00

\$

Enter also on line 11 of C4

\$1,202.95

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 B

3

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

MATT SHEA (COMMITTEE TO ELECT MATT SHEA)

Report Date

06/01/19 06/30/19

3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and Address	Amount Owed (Code OR Description of Obligation
5/31/2019	ACN PO BOX 31000 SPOKANE WA, 99223	1250.00	MAY INVOICE
6/30/2019	ACN PO BOX 31000 SPOKANE WA, 99223	1250.00	JUNE BROADCASTING
	TOTAL THIS PA	AGE 2500.00	1