

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100921863

08-02-2019

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

| (FRIENDS OF CHRIS COR | RY (SURPLUS AC | CCOUNT)) | | | | | | |
|---|---|---|-------------|-----------------|--------------------------|----------------------|--|-----------------------|
| Mailing Address PO BOX 1051 | | | | | City YAKIMA, | WA | | |
| Zip + 4 Office Sought (Cand 98907 STATE REPRES | | · | | | | | cus Committees: During ittee make an independent | |
| Report Period From (last C- | -4) To (er | nd of period) | Final | Report? | | | | dered a contribution) |
| Covered 01/01/1 | .9 01 | /31/19 | Yes | No X | supporting of | r opposing a stat | e or local c | <u>andidate</u> ? |
| RECEIPTS | | | . | | *See next pa | age | Yes | No |
| Previous total cash and in ki (if beginning a new campaig | nd contributions (From n or calendar year, see | n line 8, last C-4) e instruction bool | klet) | | | | \$ | \$3,238.40 |
| 2. Cash received (From line 2, | Schedule A) | | | | ····· <u>\$</u> | \$0.00 | | |
| 3. In kind contributions received | d (From line 1, Schedu | ule B) | | | | \$0.00 | | |
| 4. Total cash and in kind contri | butions received this p | period (Line 2 plu | s 3) | | | | | \$0.00 |
| 5. Loan principal repayments n | nade (From line 2, Sch | nedule L) | | | | \$0.00 | • | |
| 6. Corrections (From line 1 or 3 | 3, Schedule C) | | | . Show + or | (-) | \$0.00 | • | |
| 7. Net adjustments this period | (Combine line 5 & 6) | | | | | Show + or (-) | | \$0.00 |
| 8. Total cash and in kind contri | butions during campai | gn (Combine line | es 1, 4 & 7 | ") | I | | | \$3,238.40 |
| 9. Total pledge payments due | (From line 2, Schedule | e B) | | \$0.00 | | | | |
| EXPENDITURES | | | | | | | | |
| Previous total cash and in ki (If beginning a new campaig | nd expenditures (From n or calendar year, se | n line 17, last C-4 e instruction boo | l) klet) | | | | | \$988.40 |
| 11. Total cash expenditures (Fro | om line 4, Schedule A) | | | | | \$1,182.97 | | |
| 12. In kind expenditures (goods | & services) (From line | 1, Schedule B). | | | | \$0.00 | ı | |
| 13. Total cash and in kind exper | nditures made this peri | od (Line 11 plus | line 12) | | | | | \$1,182.97 |
| 14. Loan principal repayments n | nade (From line 2, Sch | nedule L) | | | | \$0.00 | <u>.</u> | |
| 15. Corrections (From line 2 or 3 | 3, Schedule C) | | | . Show + or | (-) | \$0.00 | l • | |
| 16. Net adjustments this period | (Combine lines 14 & 1 | 5) | | | | Show + or (-) | | \$0.00 |
| 17. Total cash and in kind exper | nditures during campai | gn (Combine line | es 10, 13 a | and 16) | | | | \$2,171.37 |
| CANDIDATES ONLY Name not Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) | | | | | 47) | | | \$1,067.03 |
| Woll Lost | Onopposed on ballot | 18. Cash on hand (Line 8 minus line 17) | | | | | | \$1,007.03 |
| Primary election | | | | | | \$0.00 | | |
| Treasurer's Daytime Telephone No.: | | | | | | | | |
| (509) 453-5678 20. Balance (Surplus or deficit) (Line 18 | | | | e 18 minus line | 19) | | \$1,067.03 | |
| CERTIFICATION: I certify that the in | nformation herein and on | accompanying sch | edules and | attachments | is true and corre | ct to the best of my | knowledge. | |
| Candidate's Signature | Date | | Treasure | er's Signatu | ire | | | Date |
| CHRIS CORRY 08/02/19 DEBRA MANJARI | | | | REZ K MAN | REZ K MANJARREZ 08/02/19 | | | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

| A | |
|---------|--|
| (11/93) | |

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

Report Date

| Candidate of Committee 14 | arric (Do not abi | bicviate. Osciuli riamic. | , | | | 00000 |
|---------------------------|-------------------|----------------------------|---------------------|--------------------------|------------------------|--------------------|
| (FRIENDS OF CHRIS | CORRY (ST | JRPLUS ACCOUNT) |) | | 01/01/19 | 01/31/19 |
| 1. CASH RECEIPTS (Co | ntributions) whic | h have been reported or | C3. List each dep | osit made since last C4 | report was submitted. | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| 2. TOTAL CASH RECEIP | rTS | | | Enter als | so on line 2 of C4 | \$0.00 |
| CODES EOD OLASSIE | EVING EXPEND | ITLIPES: If one of the fol | lowing codes is use | ad to describe an expend | liture no other descri | otion 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.

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 (Name and Address) | Code | Purpose of Expense and/or Description | | Amount |
|-----------|--|------|---------------------------------------|-------|------------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
| 01/16/19 | WASHINGTON PRO LIFE COALITION 4001 SUMMITVIEW SUITE 5 YAKIMA, WA 98908 | | CHARITABLE DONATION | | \$1,000.00 |
| 01/04/19 | OFFICE DEPOT 602 SLEATER KINNEY RD LACEY, WA 98503 | | office furnishings | | \$182.97 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total from attached page | es \$ | \$0.00 |

Enter also on line 11 of C4

\$1,182.97