

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100924005

08-12-2019

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

(VALDEZ JAVIER SURPLUS	ACCT)					
Mailing Address PO BOX 25873						
Zip + 4 Office Sought (Canal 98165		,				cus Committees: During mittee make an independent
Report Period From (last C-4	To (end of per	riod) Final	Report?	expenditure (i.e	not considered a contribution)	
Covered 07/01/19	07/31/1	.9 Yes	No X	supporting or opp	oosing a state	or local candidate?
RECEIPTS		'		*See next page		Yes No
 Previous total cash and in kin (if beginning a new campaign 	d contributions (From line 8, I or calendar year, see instruc	ast C-4) tion booklet)				\$ \$40,000.44
2. Cash received (From line 2, S	Schedule A)			····· <u></u> \$	\$0.00	
3. In kind contributions received				\$0.00		
4. Total cash and in kind contrib	_	\$0.00				
5. Loan principal repayments ma			,			
6. Corrections (From line 1 or 3,						
7. Net adjustments this period (0			-	\$0.00		
8. Total cash and in kind contrib	\$40,000.44					
9. Total pledge payments due (F	From line 2, Schedule B)		\$0.00			
EXPENDITURES						
Previous total cash and in kin (If beginning a new campaign	d expenditures (From line 17, or calendar year, see instruc	, last C-4) tion booklet)				\$31,469.15
11. Total cash expenditures (Fror						
12. In kind expenditures (goods & services) (From line 1, Schedule B)						
13. Total cash and in kind expend	\$0.00					
14. Loan principal repayments ma						
15. Corrections (From line 2 or 3,	Show + or	(-)	\$0.00			
16. Net adjustments this period (0	now + or (-)	\$0.00				
17. Total cash and in kind expend	\$31,469.15					
CANDIDATES ONLY Won Lost U	Name not CASH Inopposed on ballot 18. Cash	17)	<u> </u>	\$8,531.29		
Primary election	[Line	ance(s) plus your petty ca	sh balance.]			
General election	bts owed)		\$0.00			
Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus line 19)						\$8,531.29
CERTIFICATION: I certify that the inf	ormation herein and on accompar	nying schedules and	d attachments	is true and correct to	the best of my k	knowledge.
Candidate's Signature		Treasurer's Signature			Date	
	08/12/1	9				08/12/19

CASH RECEIPTS AND EXPENDITURE

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

SCHEDULE to C4

07/01/19

07/31/19

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

(VALDEZ JAVIER SURPLUS ACCT)

Report Date

Date of deposit	Amount	Date of deposit	Amoun	t Date of deposit	Amount	Total dep	osits
2. TOTAL CASI	H RECEIPTS			_ E	nter also on line 2 of C4	\$	\$0.00
CODES FOR	R CLASSIFYING EXPEND	ITURES: If one of the follow	ving codes is u		-		
needed. The	exceptions are:	ked contributions to a cand	· ·		,		•
commi	ittee, identify the candidate	or committee in the Descri for travel expenses, identi	ption block;				
If expendit	tures are made directly or i	ndirectly to compensate a p	erson or entity	for soliciting signatu	ures on a statewide initiati	ve or referend	
		e the following information or orting period, and cumulative				ity compensat	ied,
		- Contributions (monetary,			P - Postage, Mailing Perm	nits	
	DEFINITIONS	Independent Expenditures - Literature, Brochures, Prir			S - Surveys and Polls F - Fundraising Event Ex		
C	B B	Broadcast Advertising (RaNewspaper and Periodica	adio, TV)		ns, Meals		
	0	- Other Advertising (yard si	igns, buttons, e	M - Management/Consulting Services c.) W - Wages, Salaries, Benefits G - General Operation and Overhead			
3. EXPENDITU		- Voter Signature Gatherino	9		G - General Operation and	a Overnead	
a) Expen		iding those from petty cash	, need not be i	temized. Add up the	ese expenditures and show	v the total in th	ne
b) Itemize	e each expenditure of more	e than \$50 by date paid, na					
	ch payment to a candidate of receipts/invoices suppo	, campaign worker, PR firm orting the payment.	n, advertising a	gency or credit card	company, attach a list of	detailed expen	ises or
	Vendor o	r Recipient		Purpose	of Expense		
Date Paid	(Name and Address)		Code	and/or I	Description	Amou	int
N/A	Expenses of	\$50 or less	N/A	N/	Α		
Total from attached pages							\$0.00
4. TOTAL CASI	\$	\$0.00					