PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

711 CAPITOL WAY RM 206

DISCLOSURE COMMISSION

PUBLIC

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100924390

4ز

(3/97)

08-12-2019

Candidate or Committee Name (Do	not abbreviate. Inclu	ide full name)						08-12-2019
	RA LEKANOFF S	SURPLUS FU	NDS)					
Mailing Address 10789 N BEACH RD						City BOW, WA		
Zip + 4 98232	Office Sought (Cano STATE REPRES		Electi 2022	on Date)	*For PACs, Parties & Ca this report period, did the cor		
Report Period From (last C-	4) To (er	nd of period)	Final	Report?	?	expenditure (i.e., an expens	e not cons	sidered a contribution)
Covered 01/01/1	9 07	/31/19	Yes	No 2	x	supporting or opposing a sta	te or local	candidate?
RECEIPTS						*See next page	Yes	No
 Previous total cash and in kir (if beginning a new campaigr 	nd contributions (From n or calendar year, see	i line 8, last C-4) e instruction bool	klet)				\$	\$5,000.00
2. Cash received (From line 2, s	Schedule A)					\$\$0.00	_	
3. In kind contributions received	d (From line 1, Schedu	ıle B)				\$0.00	-	
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	s 3)					\$0.00
5. Loan principal repayments m	ade (From line 2, Sch	edule L)				\$0.00	_	
6. Corrections (From line 1 or 3	, Schedule C)			Show +	+ or (-	\$0.00	_	
7. Net adjustments this period (\$0.00
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7	·)	<u>-</u>		<u>.</u>	\$5,000.00
9. Total pledge payments due (From line 2, Schedule	B)		\$0.0	00			
EXPENDITURES		•						
10. Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From n or calendar year, see	n line 17, last C-4 e instruction boo	1) klet)					\$0.00
11. Total cash expenditures (Fro	m line 4, Schedule A)					\$2,235.32	2	
12. In kind expenditures (goods	& services) (From line	1, Schedule B).					1	
13. Total cash and in kind expen	ditures made this peri	od (Line 11 plus	line 12)					\$2,235.32
14. Loan principal repayments m	ade (From line 2, Sch	edule L)					<u>)</u>	
15. Corrections (From line 2 or 3	, Schedule C)			. Show +	+ or (-	·) \$0.00)	
16. Net adjustments this period (Combine lines 14 & 1	5)					-	** **
17. Total cash and in kind expen								\$0.00
CANDIDATES ONLY	Name not			anu 10).				\$2,235.32
Won Lost I	Jnopposed on ballot	18. Cash on ha	nd (Line 8			7) nce(s) plus your petty cash balance.]		\$2,764.68
Primary election			ts owed)		\$0.00			
Treasurer's Daytime Telephone No.:				19 minus line 10)				
(253)653-1427 20. Balance (Surplus or deficit) (Line 18 minu				10 minus ine 19)		\$2,764.68		
CERTIFICATION: I certify that the in	formation herein and on	accompanying sch					v knowledge	Э.
Candidate's Signature	Date		Treasure	er's Sigr	nature	9		Date
DEBRA LEKANOFF 08/12/19 MELISSA PFEIF			ER		08/12/19			

CASH RECEIPTS AND EXPENDITURE



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

Canadate of Committee Name (Do not abbreviate. Ose fair name.)							
DEBRA E LEKANOFF ((DEBRA LEP	ANOFF SURPLUS	FUNDS)		01/01/19	07/31/19	
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 Enter also 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)

If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum 3) 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)

CODE 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

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Report Date

- 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	\$80.50
07/15/19	DEBRA E LEKANOFF 10789 N Beach Rd Bow, WA 98232		Mileage Reimbursement (1,436 miles)	\$782.62
07/15/19	DEBRA E LEKANOFF 10789 N Beach Rd Bow, WA 98232		Wayfair: Office Furniture	\$123.2
07/29/19	SILVER REEF HOTEL 4876 Haxton Way Ferndale, WA 98248		Lodging 7/23-7/25	\$365.04
07/29/19	ALASKA AIRLINES 19300 International Blvd Seattle, WA 98188		Airfare: Seattle to Spokane round trip 7/29-7/30	\$413.00
07/29/19	ALASKA AIRLINES 19300 International Blvd Seattle, WA 98188	ational Blvd		\$125.00
07/31/19	MELISSA PFEIFER LLC 33253 34th Ave SW Federal Way, WA 98023		Accounting/Compliance	\$62.50
	•	•	Total from attached pages	\$ \$283.41
4. TOTAL CASH EXPENDITURES			Enter also on line 11 of C4	\$\$2,235.32

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

DEBRA E LI	EKANOFF (DEBRA LEKANOFF SURPLUS FU		07/31/19			
Date Paid	Vendor or Recipient (Name and Address)	Code		Purpose of Expense and/or Description	•	Amount
07/31/19	NORTHERN QUEST RESORT 100 N Hayford Rd Airway Heights, WA 99001		Lodging	7/29-7/30		\$283.41

Page Total \$ \$283.41

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Report Date