

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100944523

11-08-2019

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

| (Mike Kreidler Surplus | Funds) | | | | | | | |
|---|---|--|------------|-----------------------------|---|--|------------|-----------------|
| Mailing Address PO Box 15017 | | | | City Tumwater, WA | | | | |
| Zip + 4 | Office Sought (Cand | | | ion Da | ite | *For PACs, Parties & Ca | ucus Com | mittees: During |
| 98511 | OMMISSIONER nd of period) | | u | | this report period, did the con expenditure (i.e., an expense | | | |
| Covered | | ' ' | | • | | supporting or opposing a state | | |
| 10/01/19 | 9 10 | /31/19 | Yes | No | А | | | |
| RECEIPTS | | | | | | *See next page | Yes | No |
| Previous total cash and in kin (if beginning a new campaign | nd contributions (From or calendar year, see | n line 8, last C-4) e instruction book | let) | | | | \$ | \$84,796.86 |
| 2. Cash received (From line 2, § | Schedule A) | | | | | \$ \$0.00 | | |
| 3. In kind contributions received | I (From line 1, Schedu | ıle B) | | | | \$0.00 | | |
| 4. Total cash and in kind contrib | outions received this p | period (Line 2 plus | 3) | | | | | \$0.00 |
| 5. Loan principal repayments ma | ade (From line 2, Sch | nedule L) | | | | \$0.00 | • | |
| 6. Corrections (From line 1 or 3, | 6. Corrections (From line 1 or 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 contrib | outions during campai | gn (Combine lines | 5 1, 4 & 7 | ") | | | | \$84,796.86 |
| 9. Total pledge payments due (F | From line 2, Schedule | e B) | | \$0. | .00 | | | |
| EXPENDITURES | | | | | | | | |
| Previous total cash and in kin (If beginning a new campaign | nd expenditures (From n or calendar year, se | n line 17, last C-4) e instruction book | let) | | | | | \$50,298.24 |
| 11. Total cash expenditures (From | m line 4, Schedule A) | | | | | \$0.00 | Į. | |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) | | | | | | ··· \$0.00 | ! | |
| 13. Total cash and in kind expend | ditures made this peri | od (Line 11 plus li | ne 12) | | | | | \$0.00 |
| 14. Loan principal repayments ma | ade (From line 2, Sch | nedule L) | | | | ···· \$0.00 | ! | |
| 15. Corrections (From line 2 or 3, | , Schedule C) | | | . Show | / + or (| \$0.00 | | |
| 16. Net adjustments this period (| Combine lines 14 & 1 | 5) | | | | Show + or (-) | | \$0.00 |
| 17. Total cash and in kind expend | ditures during campai | gn (Combine lines | s 10, 13 a | and 16 | 8) | | | \$50,298.24 |
| CANDIDATES ONLY | Name not | CASH SUMMAI | | | | 47) | | ¢34 409 63 |
| [Line 18 should equa | | | | | | 17)nce(s) plus your petty cash balance.] | | \$34,498.62 |
| Primary election | 19. Liabilities: (Sum of loans and debts owed) | | | | | \$0.00 | | |
| Treasurer's Daytime Telephone No.: | | | | | | | | |
| (206) 682-7328 20. Balance (Surplus or | | | | aericit) | (Line | 18 minus line 19) | | \$34,498.62 |
| CERTIFICATION: I certify that the inf | | accompanying sche | | | | | knowledge. | |
| Candidate's Signature | Date | | Treasure | er's Si | gnatur | е | | Date |
| MIKE KREIDLER SURPLUS FUNDS 11/08/19 Jo | | | Josie | 018 | en | | 1 | 1/08/19 |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

| A | 1 |
|-------|-----|
| (11/9 | 93) |

| Candidate or Committee Name (Do not abbreviate. Use full name.) | | | | | R | Report Date | | |
|---|---------------------|----------------------------|-------------------|--------------------------|-------------------------|---------------------|--|--|
| (Mike Kreidler | Surplus Fund | ls) | | | 10/01/19 | 10/31/19 | | |
| 1. CASH RECEIPTS (| Contributions) whic | h have been reported on (| C3. List each dep | osit made since last C4 | report was submitted | ł. | | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2. TOTAL CASH RECE | EIPTS | | | Enter al | so on line 2 of C4 | \$ \$0.00 | | |
| CODES FOR CLAS needed. The excepti | | TURES: If one of the follo | wing codes is use | ed to describe an expend | liture, no other descri | iption is generally | | |

- 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

Enter also on line 11 of C4

\$0.00

- 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 | A | mount |
|-----------|--|------|---------------------------------------|-------|--------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
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| | | | | | |
| | | | Total from attached pag | es \$ | \$0.00 |