PUBLIC	DISCLO	SURE COMMISSION
A DECK		711 CAPITOL WAY RM 206
7))		PO BOX 40908
		OLYMPIA WA 98504-0908
		(360) 753-1111
		TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100947538

12-05-2019

C4

(3/97)

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

(Timm Ormsby Surplus F	'unds)				
Mailing Address PO Box 2177				City Spokane, WA	
Zip + 4 99210	Office Sought (Cano STATE REPRES		Election Date 2020	*For PACs, Parties & Cau this report period, did the comm	
Report Period From (last C-4	4) To (ei	nd of period)	Final Report?	expenditure (i.e., an expense	not considered a contribution)
Covered 11/01/1	9 11	/30/19	Yes No X	supporting or opposing a state	or local candidate?
RECEIPTS				*See next page	Yes No
 Previous total cash and in kir (if beginning a new campaigr 	nd contributions (From a or calendar year, se	n line 8, last C-4) e instruction boo	klet)		\$\$376,950.00
2. Cash received (From line 2, S	Schedule A)			\$ \$0.00	
3. In kind contributions received	I (From line 1, Schedu	ule B)		\$0.00	
4. Total cash and in kind contrib	outions received this p	period (Line 2 plu	ıs 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 (Combine line 5 & 6)			Show + or (-)	\$0.00
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7)	<u> </u>	\$376,950.00
9. Total pledge payments due (From line 2, Schedule	e B)	\$0.00		
EXPENDITURES					
10. Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From n or calendar year, se	n line 17, last C-4 e instruction boo	4) klet)	······	\$373,122.00
11. Total cash expenditures (Fro	m line 4, Schedule A)			\$1,575.00	
12. In kind expenditures (goods a	& services) (From line	1, Schedule B).		\$0.00	
13. Total cash and in kind expen	ditures made this peri	iod (Line 11 plus	line 12)		\$1,575.00
14. Loan principal repayments m	ade (From line 2, Sch	edule 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 expen	ditures during campai	ign (Combine line	es 10, 13 and 16)		\$374,697.00
CANDIDATES ONLY	Name not	CASH SUMMA			
	Jnopposed on ballot			17)	\$2,253.00
Primary election		19. Liabilities:	(Sum of loans and de	bts owed)	\$0.00
Treasurer's Daytime Telephone N	lo.:		and the second of the second	10	
(206)682-7328		20. Balance (S	urpius or deficit) (Line	18 minus line 19)	\$2,253.00
CERTIFICATION: I certify that the in Candidate's Signature	formation herein and on Date	accompanying sch	edules and attachments Treasurer's Signatu		nowledge. Date
TIMM ORMSBY SURPLUS F		/05/19	Josie Olsen		12/05/19
TTUR OFGIDDI DOKEHOD FO	1.20 12	,,	SCRIE OTBEIL		

CASH RECEIPTS AND EXPENDITURE



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

Candidate of Committee Name (Do not abbreviate. Use full flame.)					Report Date		
(Timm Ormsby Surpl	us Funds)	1			11/01/19	11/30/19	
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	
2. TOTAL CASH RECEIPTS	S			Enter al	so on line 2 of C4	\$ \$O.	.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)

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.

C - Contributions (monetary, in-kind & transfers)

CODF 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

- 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		
11/09/19	SALISH SCHOOL OF SPOKANE 4125 N Maple St Spokane, WA 99205		Donation		\$500.00
11/10/19	FAITH ACTION NETWORK 3720 Airport Way S Seattle, WA 98134		Donation		\$75.00
11/26/19	UNITED WAY OF SPOKANE COUNTY 920 N Washington Ste 100 Spokane, WA 99201		Donation		\$1,000.00
			Total from attached page	es \$	\$0.00

4. TOTAL CASH EXPENDITURES

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