PUBLIC DISCLO	OSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	SUMMARY RECEIPTS EXPENDITU	AND	PORT	C4 (3/97)
Candidate or Committ	tee Name (Do not abbreviate.	Include full name)			
(DEBRA ENTENMA	N SURPLUS FUNDS)				
Mailing Address				City	
11604 SE 221ST	ST			KENT, WA	
Zip + 4	Office Sought	Candidates)	Election Date	*For PACs, Par	ties & Caur
99031	פייאיים ספו		2020	1011 A03,1 a	

PDC OFFICE USE

12-10-2019

Mailing Address 11604 SE 221ST ST						City KENT, WA			
Zip + 4 98031			*For PACs, Parties & Caucu this report period, did the committ			5			
	om (last C-4)	To (e	nd of period)	F	inal Report?	expenditure (i.	.e., an expense	not conside	red a contribution)
Covered 1	.0/01/19	10	/31/19	Y	es No X	supporting or o	pposing a state	e or local can	didate?
RECEIPTS						*See next page	e	Yes	No
 Previous total cas (if beginning a new 	h and in kind co w campaign or	ontributions (From calendar year, se	n line 8, last C e instruction b	-4) booklet)				\$	\$6,500.00
2. Cash received (Fr	rom line 2, Sche	edule A)				\$	\$0.00		
3. In kind contribution	ns received (Fr	om line 1, Schedu	ule B)				\$0.00		
4. Total cash and in	kind contributic	ons received this p	period (Line 2	plus 3)			······		\$0.00
5. Loan principal rep	ayments made	(From line 2, Sch	edule L)				\$0.00		
6. Corrections (From	line 1 or 3, Sc	hedule C)			Show + or ((-)	\$0.00		
7. Net adjustments the	his period (Con	nbine line 5 & 6)					Show + or (-)		\$0.00
8. Total cash and in	kind contributic	ons during campai	gn (Combine	lines 1, 4	& 7)		······		\$6,500.00
9. Total pledge paym	nents due (Fror	n line 2, Schedule	e B)		\$0.00				
EXPENDITURES									
10. Previous total cas (If beginning a new	h and in kind e w campaign or	xpenditures (Fron calendar year, se	n line 17, last e instruction b	C-4) booklet)					\$685.30
							-		<u> </u>
11. Total cash expend									
12. In kind expenditur	es (goods & se	rvices) (From line	1, Schedule I	B)			\$0.00		
13. Total cash and in							-		\$200.00
14. Loan principal repayments made (From line 2, Schedule L)									
15. Corrections (From line 2 or 3, Schedule C) Show + or (-)						(-)	\$0.00		
16. Net adjustments this period (Combine lines 14 & 15) Show + or (-)						Show + or (-)		\$0.00	
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)								\$885.30	
CANDIDATES ONLY Name not CASH SUMMARY					(-)				
Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) Instant Image: Comparison of the state								\$5,614.70	
Primary election								** **	
Treasurer's Daytime Te	elephone No.:			. (·····,	-		\$0.00
(206)682-7328	20. Balance	20. Balance (Surplus or deficit) (Line 18 minus line 19))		\$5,614.70		
CERTIFICATION: I certi	fy that the inform		accompanying				to the best of my	knowledge.	D /
Candidate's Signature		Date		Trea	surer's Signatur	e			Date
DEBRA ENTENMAN	/10/19	JOS	SIE OLSEN			12/10/19			

CASH RECEIPTS AND EXPENDITURE



Candidate or Committee Name (Do not abbreviate. Use full name.)					Report Date		
(DEBRA ENTENMAN S	SURPLUS FUI	NDS)			10/01/19	10/31/19	
1. CASH RECEIPTS (Co	ontributions) whic	h have been reported or	n C3. List each dep	oosit made since last C4	report was submitte	d.	
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					<u>\$ \$0.00</u>		

2. TOTAL CASH RECEIPTS

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

2

- 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	Arr	ount
N/A	Expenses of \$50 or less	N/A	N/A		
10/21/19	NATIONAL COUNCIL OF NEGRO WOMEN 8108 Wolcott Ave S Seattle, WA 98118		Non-Profit Fundraiser Ticket		\$100.00
10/21/19	MULTI- SERVICE CENTER 1200 S. 336th St Federal Way, WA 98003		Charitable Contribution		\$100.00
			Total from attached pages	\$	\$0.00

4. TOTAL CASH EXPENDITURES