

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100949208

12-10-2019

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

Lillian Ortiz-Self (I	illian Ortiz-	Self Surp	lus Fu	nds Acc	et)			
Mailing Address 905 10th ASt					City <b>Mukilte</b>	o, WA		
Zip + 4 98275	Office Sought (Cand		Electi 2020	on Date	*For PACs, Parties & Caucus Committees: this report period, did the committee make an indep			
Report Period From (last C-	4) To (en	d of period)	Final	Report?	expenditure	(i.e., an expens	e not consi	dered a contribution)
Covered 11/01/1	9 11.	/30/19	Yes	No X	supporting or	opposing a sta	te or local o	andidate?
RECEIPTS			l		*See next pa	ge	Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From n or calendar year, see	line 8, last C-4) instruction bool	klet)				\$	\$15,040.07
2. Cash received (From line 2, 9	Schedule A)				····· <u></u> \$	\$0.22	-	
3. In kind contributions received	I (From line 1, Schedu	le B)				\$0.00	_	
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	ıs 3)					\$0.22
5. Loan principal repayments m							-	
	6. Corrections (From line 1 or 3, Schedule C)					-		
	7. Net adjustments this period (Combine line 5 & 6)						\$0.00	
8. Total cash and in kind contrib			es 1, 4 & 7	·)				\$15,040.29
9. Total pledge payments due (	From line 2, Schedule	B)		\$0.00				
EXPENDITURES  10. Previous total cash and in kir  (If beginning a new campaign	nd expenditures (From n or calendar year, see	line 17, last C-4 instruction boo	1) klet)					\$5,872.23
11. Total cash expenditures (Fro	m line 4, Schedule A)					\$0.00	<u>)</u>	
12. In kind expenditures (goods & services) (From line 1, Schedule B)					\$0.00	1		
13. Total cash and in kind expen	ditures made this perio	od (Line 11 plus	line 12)					\$0.00
14. Loan principal repayments m	ade (From line 2, Scho	edule L)				\$0.00	<u>)</u>	
15. Corrections (From line 2 or 3	, Schedule C)			. Show + or	(-)	\$0.00	<u>)</u>	
16. Net adjustments this period (	Combine lines 14 & 15	5)				Show + or (-)		\$0.00
17. Total cash and in kind expen-	ditures during campaiç	gn (Combine line	es 10, 13 a	and 16)				\$5,872.23
CANDIDATES ONLY	Name not	CASH SUMMA						
Won Lost U	Jnopposed on ballot	t 18. Cash on hand (Line 8 minus line 17)					\$9,168.06	
Primary election General election		10 Liabilities: (Sum of loans and debts owed)					40.00	
Treasurer's Daytime Telephone No.:					•	\$0.00		
20. Balance (Surplus or deficit) (Line 18 minus line 19)				19)		\$9,168.06		
CERTIFICATION: I certify that the in	I formation herein and on a	accompanying sch	edules and	attachments	is true and correct	t to the best of my	/ knowledge.	
Candidate's Signature	Date			er's Signatu				Date
Lillian Ortiz-Self	12/	10/19	Jason	Bennet	t			12/10/19

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

Candidate or Committee Name (Do not abbreviate. Use full name.)						Report Date		
Lillian Ortiz-Self	(Lillia	n Ortiz-Self	Surplus Fun	ds Acct)	11/01/1	9 11/30/19		
<ol> <li>CASH RECEIPTS (Con:</li> </ol>	ributions) which	ch have been reporte	ed on C3. List each	deposit made since	last C4 report was submitted	ed.		
Date of deposit	Amount	Date of deposit	Amou	nt Date of deposi	t Amount	Total deposits		
11/30/2019	\$0.22							
2. TOTAL CASH RECEIPT	S				Enter also on line 2 of C4	\$ \$0.22		
needed. The exceptions  If expenditures are incommittee, identify  When reporting payme  If expenditures are may petition, use code	are:  kind or earmar  the candidate  ents to vendors  de directly or i  "V" and provid	ked contributions to or committee in the s for travel expenses ndirectly to compens	a candidate or comr Description block; , identify the travele sate a person or ent nation on an attache	nittee or independer and travel purpose ty for soliciting signa d sheet: name and	nexpenditure, no other desent expenditures that benefit in the Description block; a stures on a statewide initial address of each person/er or gather signatures.	t a candidate or and tive or referendum		
CODE DEFINITION ON NEXT PA	S I- AGE B N O	- Contributions (mor Independent Expen - Literature, Brochur - Broadcast Advertis - Newspaper and Pe - Other Advertising Voter Signature Ga	ditures es, Printing sing (Radio, TV) eriodical Advertising (yard signs, buttons	,	P - Postage, Mailing Peri S - Surveys and Polls F - Fundraising Event Ex T - Travel, Accommodati M - Management/Consul W - Wages, Salaries, Be G - General Operation ar	spenses ons, Meals Iting Services nefits		
amount column or b) Itemize each expe c) For each payment	the first line b nditure of more to a candidate	elow e than \$50 by date p	aid, name and addre	ess of vendor, code/	hese expenditures and sho description, and amount. rd company, attach a list of			

	Vendor or Recipient		Purpose of Expense	
Date Paid	(Name and Address)	Code	and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	\$0.00
	l .		Total from attached pages	\$ \$0.00

	Total from attached pages	\$ \$0.00
TOTAL CASH EXPENDITURES	Enter also on line 11 of C4	\$ \$0.00