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 100949539

12-10-2019

C4

(3/97)

Candidate or Committee Name (Do	not abbreviate. Include full r	name)			•]	L2-10-2019
DEBRA E LEKANOFF (DEBI	RA LEKANOFF SURPL	US FUN	IDS)				
Mailing Address 10789 N BEACH RD				City BOW, WA			
Zip + 4 98232	Office Sought (Candidates) STATE REPRESENTA		Election Date 2022				nmittees: During ke an <u>independent</u>
Report Period From (last C-4)) To (end of pe	eriod)	Final Report?	expenditure	<u>e</u> (i.e., an expense	e not consid	dered a contribution)
Covered 10/01/19	11/30/2	19	Yes No X	supporting c	or opposing a state	e or local c	andidate?
RECEIPTS				*See next p	age	Yes	No
 Previous total cash and in kind (if beginning a new campaign 	d contributions (From line 8, or calendar year, see instruc	last C-4) ction book	let)		-	\$	\$5,000.00
2. Cash received (From line 2, S	chedule A)			\$	\$0.00		
3. In kind contributions received	3. In kind contributions received (From line 1, Schedule B)						
4. Total cash and in kind contributed	utions received this period (L	_ine 2 plus	3)				\$0.00
5. Loan principal repayments ma	5. Loan principal repayments made (From line 2, Schedule L)						
6. Corrections (From line 1 or 3,	6. Corrections (From line 1 or 3, Schedule C) Show + or (
7. Net adjustments this period (C	Combine line 5 & 6)				Show + or (-)		\$0.00
8. Total cash and in kind contribution	utions during campaign (Cor	mbine line:	s 1, 4 & 7)	1			\$5,000.00
9. Total pledge payments due (F	rom line 2, Schedule B)		\$0.00				
EXPENDITURES							
10. Previous total cash and in kind (If beginning a new campaign	d expenditures (From line 17 or calendar year, see instru-	7, last C-4) ction book) let)				\$4,424.72
11. Total cash expenditures (From line 4, Schedule A)					\$224.85		
12. In kind expenditures (goods &	services) (From line 1, Sch	edule B)		······	\$0.00		
13. Total cash and in kind expend	litures made this period (Line	e 11 plus l	ine 12)				\$224.85
14. Loan principal repayments ma	ade (From line 2, Schedule L	_)			\$0.00		
15. Corrections (From line 2 or 3,	Schedule C)		Show + o	r (-)	\$0.00		
16. Net adjustments this period (C	Combine lines 14 & 15)				Show + or (-)		\$0.00
17. Total cash and in kind expend	litures during campaign (Cor	mbine line	s 10, 13 and 16)				\$4,649.57
CANDIDATES ONLY Won Lost U		I SUMMA	RY nd (Line 8 minus line	o 17)			\$350.43
	11 10100		qual your bank account ba	,			<u> </u>
Primary election		abilities: (Sum of loans and d	ebts owed)			\$0.00
Treasurer's Daytime Telephone No (253)653-1427		alance (Su	Irplus or deficit) (Lin	e 18 minus line	19)		\$350.43
	armation boroin and an accomm	anving ocho	dulos and attachment	s is true and acres	ort to the heat of my	knowladaa	
CERTIFICATION: I certify that the info Candidate's Signature	Dimation herein and on accompa Date		Treasurer's Signat		ior to the pest of my	ki lowieage.	Date
DEBRA LEKANOFF 12/10/19 MELISSA PF				FER			12/10/19

CASH RECEIPTS AND EXPENDITURE



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

Copolit Date	1.	Candidate of Committee Name (Do not abbreviate. Use full name.)				
11/30/19	10/01/19	DEBRA E LEKANOFF (DEBRA LEKANOFF SURPLUS FUNDS)				
J.	ort was submitted	oosit made since last C4 rep	n C3. List each dep	h have been reported on	ntributions) whic	1. CASH RECEIPTS (Co
Total deposits	Amount	Date of deposit	Amount	Date of deposit	Amount	Date of deposit
\$ \$0.00	on line 2 of C4	Enter also			TS	2. TOTAL CASH RECEIP

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 <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and

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)

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

jather signatures.

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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 <u>\$50 or less</u>, 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		\$47.35
11/22/19	MELISSA PFEIFER LLC 33253 34th Ave SW Federal Way, WA 98023		July - October Accounting/Compliance		\$177.50
			Total from attached pages	\$	\$0.00

4. TOTAL CASH EXPENDITURES