

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100952430

01-08-2020

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 (Cand		Electi 2020	ion Da)	te		Caucus Committees: During ommittee make an independent
Report Period From (last C-4	1) To (en	d of period)	Final	Repor	t?	expenditure (i.e., an expen	nse not considered a contribution)
Covered 12/01/19	9 12	/31/19	Yes	No	x	supporting or opposing a sta	ate or local candidate?
RECEIPTS			•			*See next page	Yes No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From or calendar year, see	line 8, last C-4) instruction bool	klet)				*** \$376,950.00
2. Cash received (From line 2, §	Schedule A)					···· \$ \$0.00	<u>) </u>
3. In kind contributions received	(From line 1, Schedu	le B)				\$0.00	<u>) </u>
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	s 3)				\$0.00
5. Loan principal repayments m	ade (From line 2, Sch	edule L)				\$0.00	<u>) </u>
6. Corrections (From line 1 or 3,	Schedule C)			. Show	/ + or (\$0.00	<u>) </u>
7. Net adjustments this period (Combine line 5 & 6)					Show + or (-)	\$0.00
8. Total cash and in kind contrib	outions during campaiç	gn (Combine line	es 1, 4 & 7	")			\$376,950.00
9. Total pledge payments due (I	From line 2, Schedule	B)		\$0.	.00		
EXPENDITURES							
Previous total cash and in kin (If beginning a new campaign	nd expenditures (From n or calendar year, see	line 17, last C-4 instruction bool	.) klet)				<u>\$374,697.00</u>
11. Total cash expenditures (From	m line 4, Schedule A)					\$1,000.0	<u>00</u>
12. In kind expenditures (goods 8	& services) (From line	1, Schedule B).				\$0.0	ΩΩ
13. Total cash and in kind expend	ditures made this perio	od (Line 11 plus	line 12)				\$1,000.00
14. Loan principal repayments m	ade (From line 2, Sch	edule L)				\$0.0	<u>00</u>
15. Corrections (From line 2 or 3,	Schedule C)			. Show	/ + or (\$0.0	00
16. Net adjustments this period (Combine lines 14 & 15	5)				Show + or (-)	\$0.00
17. Total cash and in kind expend	ditures during campai	`		and 16	6)		\$375,697.00
CANDIDATES ONLY Won Lost U	Name not Jnopposed on ballot	18 Cash on ha		3 minu	s line	17)	\$1,253.00
						nce(s) plus your petty cash balance.]	7-7-55000
Primary election General election		19. Liabilities:	(Sum of Ic	ans a	nd det	ots owed)	
Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus)					18 minus line 19)	\$1,253.00	
CERTIFICATION: I certify that the inf	formation herein and on a	accompanying sch	adulae and	attachi	mente i	s true and correct to the hest of n	
Candidate's Signature	Date	accompanying SCN	Treasure				Date
TIMM ORMSBY SURPLUS FU	INDS 01	/08/20	Josie	Ols	en		01/08/20

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

Candidate of Committee Name (Do not appreviate. Use full name.)						Report Date		
(Timm Ormsby Surplu	s Funds)			12/01/19	12	/31/19	
1. CASH RECEIPTS (Contri	butions) whic	h have been reported or	n C3. List each dep	osit made since last C4 i	report was submitted			
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits		
						Φ.		
2. TOTAL CASH RECEIPTS				Enter als	so on line 2 of C4	\$	<u>\$0.0</u> 0	
CODES FOR CLASSIFYII	NG EXPEND	ITURES: If one of the fo	llowing codes is use	ed to describe an expend	iture, no other descri	ption is o	enerally	

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.

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
- 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..
- 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
Date Faiu	(Name and Address)	Code	and/or Description		Amount
N/A	Expenses of \$50 or less	N/A	N/A		
12/12/19	THE CARL MAXEY CENTER 1312 N Monroe St #148 Spokane, WA 99201		Donation	:	\$1,000.00
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			Total from attached pag	ges \$	\$0.00

Enter also on line 11 of C4

\$1,000.00