PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100953355

01-10-2020

C4

(3/97)

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

| | vall Surplus | Funds Acco | unt) | | | | |
|---|--|--|----------------------|------------|---|------------|------------------------|
| Mailing Address PO BOX 12066 | | | | | City SEATTLE, WA | | |
| Zip + 4 98102 | Office Sought (Can STATE REPRES | | Election Dat 2023 | | *For PACs, Parties & Cat this report period, did the com | | |
| Report Period From (last C- | 4) To (e | nd of period) | Final Repor | t? | expenditure (i.e., an expense | e not cons | idered a contribution) |
| Covered 11/01/1 | 9 12 | 2/31/19 | Yes No | x | supporting or opposing a state | e or local | candidate? |
| RECEIPTS | | | | | *See next page | Yes | No |
| 1. Previous total cash and in kin (if beginning a new campaign | nd contributions (Fron n or calendar year, se | n line 8, last C-4) e instruction boo | klet) | | | \$ | \$92,915.64 |
| 2. Cash received (From line 2, | Schedule A) | | | | \$\$0.00 | | |
| 3. In kind contributions received | d (From line 1, Sched | ule B) | | | \$0.00 | | |
| 4. Total cash and in kind contril | butions received this p | period (Line 2 plu | ıs 3) | | | | \$0.00 |
| 5. Loan principal repayments m | nade (From line 2, Sch | nedule L) | | | \$0.00 | | |
| 6. Corrections (From line 1 or 3 | 8, 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 contril | butions during campa | ign (Combine line | es 1, 4 & 7) | <u> </u> | | | \$92,915.64 |
| 9. Total pledge payments due (| From line 2, Schedule | e B) | \$0. | .00 | | | |
| EXPENDITURES | | | 4 | | | | |
| 10. Previous total cash and in ki (If beginning a new campaig | nd expenditures (Fron n or calendar year, se | n line 17, last C-4 e instruction boo | 4) klet) | | | | \$79,415.07 |
| 11. Total cash expenditures (Fro | om line 4, Schedule A) | | | | \$1,187.50 | | |
| 12. In kind expenditures (goods | & services) (From line | e 1, Schedule B) | | | \$0.00 | | |
| 13. Total cash and in kind expen | | | | | | | \$1,187.50 |
| 14. Loan principal repayments m | nade (From line 2, Sch | nedule L) | | | \$0.00 | | |
| 15. Corrections (From line 2 or 3 | 8, 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 campa | ign (Combine line | es 10, 13 and 16 | ö) | | | \$80,602.57 |
| CANDIDATES ONLY Won Lost | Name not Unopposed on ballot | CASH SUMMA 18. Cash on ha | | s line 17 | 7) | | \$12,313.07 |
| Primary election | | | | | e(s) plus your petty cash balance.] | | |
| General election | | 19. Liabilities: | (Sum of loans ar | nd debts | s owed) | | \$0.00 |
| Treasurer's Daytime Telephone | No.: | 20 Balance (S | urplus or deficit) | (l ine 1) | 8 minus line 19) | | |
| (206)218-3108 | | 20. Dalance (0 | applies or denoity | | | | \$12,313.07 |
| CERTIFICATION: I certify that the in Candidate's Signature | formation herein and on Date | accompanying sch | | | true and correct to the best of my | knowledge | Date |
| C C | | /10/20 | Treasurer's Sig | | | | |
| TINA ORWALL | 10 | /10/20 | Abbot Tay | TOL | | | 01/10/20 |

CASH RECEIPTS AND EXPENDITURE



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

| Candidate of Committee Na | | Sieviale. Ose iuli name. | .) | | | Topon Bate | |
|---|-----------|--------------------------|---------|-----------------|--------------------|-----------------|---|
| TINA ORWALL (Tina | Orwall Su | irplus Funds Ac | ccount) | | 11/01/19 | 12/31/19 | |
| 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 RECEIP | TS | | | Enter al | so on line 2 of C4 | <u>\$</u> \$0.0 | 0 |

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

2

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 \$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 | | |
| 12/17/19 | 33RD DISTRICT DEMOCRATS 17837 1ST AVE S #111 NORMANDY PARK, WA 98148 | | DONATION | | \$1,000.00 |
| 12/31/19 | ABBOT TAYLOR 349 16TH AVE E #60 SEATTLE, WA 98112 | | TREASURY SERVICES | | \$187.50 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total from attached page | s \$ | \$0.00 |

4. TOTAL CASH EXPENDITURES