

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100959556

03-06-2020

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

	CITA DOM	BROWN SURPLUS	,				
Mailing Addr							
6855 West Clearwater Avenue Suite A-101-					City KENNEWICK, WA		
Zip + 4 Office Sought (Cand			didates) Election Date		*For PACs, Parties & Ca	*For PACs, Parties & Caucus Co	
99338		STATE SENATO		2023	this report period, did the con		
Report Perio Covered			nd of period)	Final Report?	expenditure (i.e., an expens supporting or opposing a state		
Covered	02/01/20	02	/29/20	Yes No X	supporting or opposing a star	le or local t	<u>candidate</u> :
RECEIPTS					*See next page	Yes	No
1. Previo	ous total cash and in kind	d contributions (From	line 8. last C-4)			
(if beg	inning a new campaign	or calendar year, see	e instruction boo	klet)		\$	\$119,878.92
2 Cook	rossived (From line 2. S	'ahadula A\					
2. Cash received (From line 2, Schedule A)				****** \$0.00	_		
3. In kind	d contributions received	(From line 1, Schedu	le B)		\$0.00		
						-	
4. Total of	cash and in kind contrib	utions received this p	enoa (Line 2 più	ıs 3)			\$0.00
5. Loan principal repayments made (From line 2, Schedule L)				\$0.00	_		
6 Corre	ctions (From line 1 or 3	Schedule C)		Show + or	·(-)		
o. Conec	6. Corrections (From line 1 or 3, Schedule C)			\$0.00	-		
7. Net ac	djustments this period (C	Combine line 5 & 6)			Show + or (-)		\$0.00
8 Total	cash and in kind contrib	utions during campai	an (Combine lin	es 1 4 & 7)			****
							\$119,878.92
9. Total	oledge payments due (F	rom line 2, Schedule	B)	\$0.00			
EXPENDITU							
10. Previo	ous total cash and in kindinning a new campaign	d expenditures (From or calendar vear, see	line 17, last C- instruction boo	4) bklet)			dE0 021 21
							\$58,031.21
11. Total cash expenditures (From line 4, Schedule A)					······ \$888.01		
12. In kind	d expenditures (goods &	services) (From line	1. Schedule B)				
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)							
14. Loan	orincipal repayments ma	ade (From line 2, Sch	edule L)				
14. Loan principal repayments made (From line 2, Schedule L)					\$0.00	<u>)</u>	
15. Corrections (From line 2 or 3, Schedule C)					(-) \$0.0 0	<u>)</u>	
16. Net ac	diustments this period ((Combine lines 14 & 1	Show + or (-)		** **		
16. Net adjustments this period (Combine lines 14 & 15)							\$0.00
17. Total	cash and in kind expend	litures during campai	gn (Combine lin	es 10, 13 and 16)			\$58,919.22
CANDIDATES ONLY Name not CASH SUMMARY					. 47\		¢60 050 70
Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 1 [Line 18 should equal your bank account balance]							\$60,959.70
Primary election					abta awad)		
General election 19. Liabilities: (Sum of loans and deb				edis owed)		\$0.00	
				Surplus or deficit) (Line	e 18 minus line 19)		
(509)947-5383							\$60,959.70
CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.							
Candidate's Signature Date Treasurer's Signature				Treasurer's Signatu	ure		Date
SHARON BROWN 03			/06/20	06/20 Ella Childers			03/06/20

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A

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

Report Date

SHARON BROWN (SHARON BROWN	SURPLUS ACCOUNT)		02/01/20	02/29/20			
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 RECEIPTS		Enter also	o on line 2 of C4\$	\$0.00			

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.

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..
- 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	
02/02/20	SHARON BROWN 6855 West Clearwater Ave Suite Kennewick, WA 99338		Visa - 02/02/2020 - Benton County Cattleman	\$50.00
02/02/20	SHARON BROWN 6855 West Clearwater Ave Suite Kennewick, WA 99338		Visa - 02/05/2020 - Parking	\$375.00
02/02/20	SHARON BROWN 6855 West Clearwater Ave Suite Kennewick, WA 99338		Visa - 02/28/2020 - audio cable	\$13.01
02/27/20	SHARON BROWN 6855 West Clearwater Ave Suite Kennewick, WA 99338		Reimbursement for Delta	\$450.00
		<u> </u>	Total from attached name	ф фо оо

Total from attached pages

\$0.00

Enter also on line 11 of C4

\$888.01