

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100965571 AMENDS 100953171 05-01-2020

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

BILL JENKIN (Bill Jer	kin Surplus Fund	s)							
Mailing Address PO Box 1708						City Prosser,	WA		
Zip + 4 99350	Office Sought (Candidates STATE REPRESENT.	,	Electi 2023	on Date					mittees: During e an independent
Report Period From (last C-	4) To (end of p	eriod)	Final	Report?	<u>e</u>	expenditure (i.e	e., an expense	e not conside	ered a contribution)
Covered 10/01/1	9 10/31/	/19	Yes	No X	<u>s</u>	supporting or op	posing a state	<u>e or local ca</u>	<u>ndidate</u> ?
RECEIPTS			l .		*	See next page		Yes	No
Previous total cash and in kin (if beginning a new campaign	nd contributions (From line 8 n or calendar year, see instru	3, last C-4) uction book	det)					\$	\$1,132.85
2. Cash received (From line 2,	Schedule A)					\$	\$0.00		
3. In kind contributions received	d (From line 1, Schedule B).						\$0.00		
4. Total cash and in kind contrib	outions received this period	(Line 2 plu	s 3)						\$0.00
5. Loan principal repayments m	ade (From line 2, Schedule	L)					\$0.00		
6. Corrections (From line 1 or 3	, Schedule C)			Show + c	or (-)		\$0.00		
7. Net adjustments this period (Combine line 5 & 6)					S	Show + or (-)		\$0.00
8. Total cash and in kind contrib	outions during campaign (Co	ombine line	s 1, 4 & 7)	 T				\$1,132.85
9. Total pledge payments due (From line 2, Schedule B)			\$0.00)				
EXPENDITURES									
Previous total cash and in kir (If beginning a new campaign	nd expenditures (From line 1 n or calendar year, see instr	I7, last C-4 uction bool) (let)						\$171.74
11. Total cash expenditures (Fro	m line 4, Schedule A)						\$0.00		
12. In kind expenditures (goods & services) (From line 1, Schedule B)							\$0.00		
13. Total cash and in kind expen	ditures made this period (Lii	ne 11 plus	line 12)						\$0.00
14. Loan principal repayments m	ade (From line 2, Schedule	L)					\$0.00		
15. Corrections (From line 2 or 3	, Schedule C)			Show + c	or (-)		\$0.00		
16. Net adjustments this period (Combine lines 14 & 15)					S	Show + or (-)		\$0.00
17. Total cash and in kind expen	ditures during campaign (Co	ombine line	s 10, 13 a	and 16)					\$171.74
CANDIDATES ONLY		H SUMMA							
Won Lost U						e(s) plus your petty of			\$961.11
Primary election		.iabilities: (Sum of lo	ans and c	debts	owed)			\$0.00
Treasurer's Daytime Telephone No.:							•		
(509)830-4898	20. E	Balance (Su	urplus or d	leficit) (Lir	ne 18	3 minus line 19)			\$961.11
CERTIFICATION: I certify that the in		panying sch				rue and correct to	the best of my	knowledge.	
Candidate's Signature	Date		Treasure	er's Signat	ture				Date
BILL JENKIN	N 05/01/20 Camille Piete			ter	ick		0	5/01/20	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

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

Report Date

Canadate of Commit	ice Hame (Bonot as	bioviate. Ode fail flame.			* *	
BILL JENKIN (E	Bill Jenkin S	urplus Funds)			10/01/19	10/31/19
1. CASH RECEIPTS	(Contributions) which	ch have been reported on C	3. List each dep	oosit made since last C4	report was submitted.	•
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
						•
2. TOTAL CASH RE	CEIPTS			Enter a	lso on line 2 of C4	\$0.00
CODES FOR CLA	ASSIFYING EXPEND	ITURES: If one of the follow	wing codes is use	ed to describe an expend	diture, no other descri	ption is generally
needed. The exce	eptions are:					
1) If expenditures	are in-kind or earman	ked contributions to a cand	idate or committe	ee or <u>independent exper</u>	nditures that benefit a	candidate or
committee,	identify the candidate	or committee in the Descri	iption block;			
When reporting	payments to vendor	s for travel expenses, identi	fy the traveler ar	nd travel purpose in the D	Description block; and	
If expenditures	are made directly or	indirectly to compensate a p	person or entity f	or soliciting signatures o	n a statewide initiative	or referendum
petition, use	e code "V" and provid	e the following information	on an attached s	heet: name and address	s of each person/entit	y compensated,

CODE **DEFINITIONS** ON NEXT PAGE

- amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures. 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

Enter also on line 11 of C4

\$0.00

G - General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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	А	mount
N/A	Expenses of \$50 or less	N/A	N/A		
		•	Total from attached pages	\$	\$0.00