## PDC OFFICE USE PUBLIC DISCLOSURE COMMISSION SUMMARY, FULL REPORT 711 CAPITOL WAY RM 206 100965575 PO BOX 40908 **RECEIPTS AND** AMENDS OLYMPIA WA 98504-0908 100965545 (360) 753-1111 EXPENDITURES (3/97) TOLL FREE 1-877-601-2828 05-01-2020 Candidate or Committee Name (Do not abbreviate. Include full name) BILL JENKIN (Bill Jenkin Surplus Funds) Mailing Address Citv PO Box 1708 Prosser, WA Zip + 4 Office Sought (Candidates) Election Date \*For PACs, Parties & Caucus Committees: During 99350 STATE REPRESENTATIVE 2023 this report period, did the committee make an independent Report Period From (last C-4) To (end of period) Final Report? expenditure (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate? Covered 02/01/20 02/29/20 Yes No X RECEIPTS \*See next page Yes No 1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet) ...... \$1,132.85 2. Cash received (From line 2, Schedule A) ..... \$ З. Total cash and in kind contributions received this period (Line 2 plus 3)..... 4. \$0.00 5. Corrections (From line 1 or 3, Schedule C)......Show + or (-) \$0.00 6. \$0.00

8.	Total cash and in kind contributions during campaign (Comb	ine lines 1, 4 & 7)	 \$1,132.85
9.	Total pledge payments due (From line 2, Schedule B)	\$0.00	

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EXPENDITURES		
10. Previous total cash and in kind expenditures (F (If beginning a new campaign or calendar year	From line 17, last C-4) , see instruction booklet)	\$490.69
11. Total cash expenditures (From line 4, Schedule	e A)\$0.00	
12. In kind expenditures (goods & services) (From		
13. Total cash and in kind expenditures made this	period (Line 11 plus line 12)	\$0.00
14. Loan principal repayments made (From line 2,	Schedule L)	
15. Corrections (From line 2 or 3, Schedule C)		
16. Net adjustments this period (Combine lines 14	& 15) Show + or (-)	\$0.00
17. Total cash and in kind expenditures during can	npaign (Combine lines 10, 13 and 16)	\$490.69
CANDIDATES ONLY Name n Won Lost Unopposed on bal		\$642.16
General election	19. Liabilities: (Sum of loans and debts owed)	\$0.00
Treasurer's Daytime Telephone No.: (509)830-4898	20. Balance (Surplus or deficit) (Line 18 minus line 19)	\$642.16
	d on accompanying schedules and attachments is true and correct to the best of my knowledg	
Candidate's Signature Da	ate Treasurer's Signature	Date

	CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.					
Date	Treasurer's Signature	Date	Candidate's Signature			
			-			
05/01/20	Camille Pieterick	05/01/20	BILL JENKIN			
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## CASH RECEIPTS AND EXPENDITURE



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

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BILL JENKIN (Bill Jenkin Surplus Funds) 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 Total deposits   Date of deposit Amount Date of deposit Amount Date of deposit Amount Total deposits   2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 \$ \$0.000						
1. CASH RECEIPTS (C	Contributions) whic	h have been reported on	C3. 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 RECE	IPTS			Enter al	so 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.

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

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 <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	Δ	mount
N/A	Expenses of \$50 or less	N/A	N/A		
			Total from attached pag	es \$	\$0.00

4. TOTAL CASH EXPENDITURES