

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100967255

05-10-2020

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

SHELLY SHORT (SHORT S	SHELLY A SURPLUS A	CCT)				
Mailing Address PO BOX 37						
Zip + 4 Office Sought (Cand		0000		*For PACs, Parties & Caucus of this report period, did the committee		
Report Period From (last C-	4) To (end of pe	riod) Final	Report?	expenditure (i.e., a	ot considered a contribution)	
Covered 04/01/2	0 04/30/2	20 Yes	No X	supporting or oppos	sing a state o	r local candidate?
RECEIPTS		'		*See next page	`	Yes No
Previous total cash and in ki (if beginning a new campaig)	nd contributions (From line 8, n or calendar year, see instruc	last C-4) ction booklet)			······ <u>\$</u>	\$345,443.62
2. Cash received (From line 2,	Schedule A)			···· <u></u> \$	\$0.00	
3. In kind contributions received				\$0.00		
4. Total cash and in kind contri	butions received this period (L	ine 2 plus 3)			<u> </u>	\$0.00
5. Loan principal repayments m		\$0.00				
6. Corrections (From line 1 or 3	6. Corrections (From line 1 or 3, Schedule C)			(-)	\$0.00	
7. Net adjustments this period	Shov	w + or (-)	\$0.00			
8. Total cash and in kind contri	\$345,443.62					
9. Total pledge payments due ((From line 2, Schedule B)		\$0.00			
EXPENDITURES						
Previous total cash and in king (If beginning a new campaig)	nd expenditures (From line 17 n or calendar year, see instruc	', last C-4) ction booklet)			<u> </u>	\$342,443.25
11. Total cash expenditures (From line 4, Schedule A)						
12. In kind expenditures (goods & services) (From line 1, Schedule B)						
13. Total cash and in kind exper	\$0.00					
14. Loan principal repayments m						
15. Corrections (From line 2 or 3	(-)	\$0.00				
16. Net adjustments this period	\$0.00					
17. Total cash and in kind exper		\$342,443.25				
CANDIDATES ONLY Won Lost	17)		\$3,000.37			
[Line 18 should equal your bank account balance(s) plus your petty cash balance						40,00000
Primary election						\$0.00
Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus line 19)					\$3,000.37	
CERTIFICATION: I certify that the in	Information herein and on accompa	anving schedules and	attachments	is true and correct to the	best of my kno	owledae.
CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments Candidate's Signature Date Treasurer's Signature						Date
SHELLY SHORT 05/10/20						05/10/20

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

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2

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

Report Date

		LY A SURPLUS ACCT)			04/01/20	04/30/20		
1. CASH RECE	EIPTS (Contributions) v	4 report was submitted.						
Date of deposit	Amou	nt Date of deposit	Amou	Date of deposit	Amount	Total deposits		
2. TOTAL CAS	H RECEIPTS			Enter	also on line 2 of C4	\$0.00		
needed. The 1) If expendit comm 2) When report 3) If expendit petition amour	exceptions are: tures are in-kind or earr ittee, identify the candic orting payments to veno tures are made directly n, use code "V" and pro nt paid each during the DEFINITIONS	narked contributions to a cancellate or committee in the Descritors for travel expenses, ident or indirectly to compensate a vide the following information reporting period, and cumulating C - Contributions (monetary, I - Independent Expenditures L - Literature, Brochures, Pri	lidate or comr iption block; ify the travelei person or enti on an attache ve total paid a in-kind & tran	mittee or independent exper r and travel purpose in the ity for soliciting signatures and sheet: name and addre all persons to date to gathe insfers) P - F	enditures that benefit a Description block; and on a statewide initiative as of each person/entity	candidate or e or referendum y compensated,		
ON NEXT PAGE B - Broadcast Advertising (Radio, TV) N - Newspaper and Periodical Advertising O - Other Advertising (yard signs, buttons, etc. V - Voter Signature Gathering				T - T M - I , etc.) W - '	T - Travel, Accommodations, Meals M - Management/Consulting Services			
amour b) Itemize c) For ea	iditures of <u>\$50 or less</u> , in nt column on the first lin e each expenditure of <u>n</u>	<u>nore than \$50</u> by date paid, na late, campaign worker, PR firn	ame and addre	ess of vendor, code/descri	ption, and amount.			
Date Paid		or or Recipient e and Address)	Code	Purpose of E and/or Desc		Amount		
N/A Expenses of \$50 or less		of \$50 or less	N/A	N/A				

\$