

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100967476

05-11-2020

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

| (MIKE PELLICCIOTTI SUR  | PLUS FUND ACC                                     | COUNT)                                    |             |                    |         |  |             |                         |
|---|---|---|-------------|--------------------|---------|--|-------------|-------------------------|
| Mailing Address PO BOX 12066  |   |   |             |                    |         | City<br>SEATTLE, WA  |             |                         |
| Zip + 4   | Office Sought (Cand                               | lidates)                                  | Floati      | ion Date           | ,       |  |             |                         |
| 98102   | STATE REPRES                                      |   | 2023        |                    | =       | *For PACs, Parties & Ca<br>this report period, did the con |             |                         |
| Report Period From (last C-   | 4) To (er   | nd of period)                             | Final       | Report             | ?       | expenditure (i.e., an expens                               | e not con   | sidered a contribution) |
| Covered 01/01/2   | 0 04  | /30/20                                    | Yes         | No 2               | x       | supporting or opposing a sta                               | te or local | <u>candidate</u> ?      |
| RECEIPTS  |   |   | •           |                    |         | *See next page   | Yes         | No                      |
| Previous total cash and in kir<br>(if beginning a new campaign                    | nd contributions (From<br>n or calendar year, see | n line 8, last C-4)<br>e instruction bool | det)        |                    |         |  | \$          | \$50,000.00             |
| 2. Cash received (From line 2,  | Schedule A)                                       |   |             |                    |         | ··· \$ \$0.00  | _           |                         |
| 3. In kind contributions received   | d (From line 1, Schedu                            | ıle B)                                    |             |                    |         | \$0.00   | _           |                         |
| 4. Total cash and in kind contrib   | outions received this p                           | eriod (Line 2 plu                         | s 3)        |                    |         |  |             | \$0.00                  |
| 5. Loan principal repayments m  | ade (From line 2, Sch                             | edule L)                                  |             |                    |         | \$0.00   | _           |                         |
| 6. Corrections (From line 1 or 3  | , 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 contrib   | outions during campai                             | gn (Combine line                          | s 1, 4 & 7  | ')                 |         |  |             | \$50,000.00             |
| 9. Total pledge payments due (  | From line 2, Schedule                             | B)  |             | \$0.0              | 00      |  |             |                         |
| EXPENDITURES  |   |   |             |                    |         |  |             |                         |
| <ol><li>Previous total cash and in kir<br/>(If beginning a new campaigr</li></ol> | nd expenditures (From<br>n or calendar year, see  | n line 17, last C-4<br>e instruction bool | )<br>klet)  |                    |         |  |             | \$47,249.75             |
| 11. Total cash expenditures (Fro  | m line 4, Schedule A)                             |   |             |                    |         | \$1,000.00   | <u>)</u>    |                         |
| 12. In kind expenditures (goods   | & services) (From line                            | 1, Schedule B).                           |             |                    |         | \$0.00   | 1           |                         |
| 13. Total cash and in kind expen  | ditures made this peri                            | od (Line 11 plus                          | line 12)    |                    |         |  |             | \$1,000.00              |
| 14. Loan principal repayments m   | ade (From line 2, Sch                             | edule L)                                  |             |                    |         |  | <u>)</u>    |                         |
| 15. Corrections (From line 2 or 3   | , Schedule C)                                     |   |             | . Show -           | + or (- | \$0.00   | <u>)</u>    |                         |
| 16. Net adjustments this period (   | Combine lines 14 & 1                              | 5)  |             |                    |         | Show + or (-)  |             | \$0.00                  |
| 17. Total cash and in kind expen  | ditures during campai                             | gn (Combine line                          | es 10, 13 a | and 16)            |         |  |             | \$48,249.75             |
| CANDIDATES ONLY   | Name not  | CASH SUMMA                                |             |                    |         |  |             |                         |
|   | Jnopposed on ballot                               |   |             |                    |         | 7)   |             | \$1,750.25              |
| Primary election  |   | 19. Liabilities:                          | (Sum of Ic  | ans and            | d deb   | ts owed)   | -           | \$0.00                  |
| Treasurer's Daytime Telephone N   | lo.:  |   |             |                    |         | 10 ' " ' ' '   |             |                         |
| (206) 218-3108 20. Balance (Surplus or deficit) (Line 18                          |   |   |             | ı & mınus line 19) |         | \$1,750.25   |             |                         |
| CERTIFICATION: I certify that the in  | formation herein and on                           | accompanying sch                          | edules and  | attachm            | ents is | true and correct to the best of m                          | y knowledg  | e.                      |
| Candidate's Signature   | Date  |   | Treasure    | er's Sigr          | nature  |  |             | Date                    |
| MICHAEL PELLICCIOTTI 05/11/20 ABBOT TAYLOR  |   |   |             |                    |         | 05/11/20   |             |                         |

## CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

|                      |                    | ,                       |                   |                          |                       | •              |
|----------------------|--------------------|-------------------------|-------------------|--------------------------|-----------------------|----------------|
| (MIKE PELLICCIOT     | TI SURPLUS         | FUND ACCOUNT)           |                   |                          | 01/01/20              | 04/30/20       |
| 1. CASH RECEIPTS (Co | ontributions) 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 RECEIF | PTS                |                         |                   | Enter als                | 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:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 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.

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 | ļ     | Amount     |
|-----------|--|------|---------------------------------------|-------|------------|
| N/A       | Expenses of \$50 or less                               | N/A  | N/A                                   |       |            |
| 04/24/20  | PEOPLE FOR PELLICCIOTTI PO BOX 20655 SEATTLE, WA 98102 |      | TRANSFER WITH WRITTEN PERMISSION      | :     | \$1,000.00 |
|           |  |      |                                       |       |            |
|           |  |      |                                       |       |            |
|           |  |      |                                       |       |            |
|           |  |      |                                       |       |            |
|           |  |      |                                       |       |            |
|           |  |      |                                       |       |            |
|           |  | I    | Total from attached page              | es \$ | \$0.00     |

Enter also on line 11 of C4

\$1,000.00