

**SUMMARY, FULL REPORT
 RECEIPTS AND
 EXPENDITURES**

C4 (3/97)	PDC OFFICE USE
	100975125
	06-10-2020

Candidate or Committee Name (Do not abbreviate. Include full name) KIM LEHRMAN (Kim for Franklin County)		City Pasco, WA
Mailing Address PO Box 5781		
Zip + 4 99302	Office Sought (Candidates) COUNTY COMMISSIONER	Election Date 2020
Report Period Covered From (last C-4) 05/04/20 To (end of period) 05/31/20		Final Report? Yes No X

***For PACs, Parties & Caucus Committees:** During this report period, did the committee make an independent expenditure (i.e., an expense not considered a contribution supporting or opposing a state or local candidate?)

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)	\$		\$0.00
2. Cash received (From line 2, Schedule A)	\$		\$1,645.00
3. In kind contributions received (From line 1, Schedule B).....			\$607.79
4. Total cash and in kind contributions received this period (Line 2 plus 3).....			\$2,252.79
5. Loan principal repayments made (From line 2, Schedule 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 contributions during campaign (Combine lines 1, 4 & 7)			\$2,252.79
9. Total pledge payments due (From line 2, Schedule B).....	\$0.00		

EXPENDITURES		
10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet)		\$0.00
11. Total cash expenditures (From line 4, Schedule A)	\$120.97	
12. In kind expenditures (goods & services) (From line 1, Schedule B)	\$607.79	
13. Total cash and in kind expenditures made this period (Line 11 plus line 12).....		\$728.76
14. Loan principal repayments made (From line 2, Schedule L).....	\$0.00	
15. Corrections (From line 2 or 3, Schedule C)..... Show + or (-)	\$0.00	
16. Net adjustments this period (Combine lines 14 & 15)..... Show + or (-)		\$0.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16).....		\$728.76

CANDIDATES ONLY	Name not on ballot	CASH SUMMARY			
Won	Lost	Unopposed			
Primary election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Cash on hand (Line 8 minus line 17)	\$1,524.03
General election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Line 18 should equal your bank account balance(s) plus your petty cash balance.]	
Treasurer's Daytime Telephone No.: (206) 682-7328				19. Liabilities: (Sum of loans and debts owed)	\$1,251.04
				20. Balance (Surplus or deficit) (Line 18 minus line 19)	\$272.99

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 KIM LEHRMAN	Date 06/10/20	Treasurer's Signature Josie Olsen	Date 06/10/20
---	-------------------------	---	-------------------------

CASH RECEIPTS AND EXPENDITURE

SCHEDULE A
 to C4
(11/93)

2

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

Report Date

KIM LEHRMAN (Kim for Franklin County)

05/04/20

05/31/20

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
05/15/2020	\$300.00	05/26/2020	\$1,075.00			
05/19/2020	\$50.00	05/31/2020	\$170.00			
05/21/2020	\$50.00					

2. TOTAL CASH RECEIPTS

Enter also on line 2 of C4 \$ \$1,645.00

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;
- 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	\$120.97

Total from attached pages \$ **\$0.00**

4. TOTAL CASH EXPENDITURES

Enter also on line 11 of C4 \$ **\$120.97**

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE
TO C4

B

(11/93)

3

Candidate or Committee Name (Do not abbreviate. Use full name.)
KIM LEHRMAN (Kim for Franklin County)

Report Date
05/04/20 05/31/20

1. IN KIND CONTRIBUTIONS RECEIVED (goods, services, discounts, etc.)

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	P R I	G E N	If total over \$100, Employer Name, City, State & Occup
05/04/20	KIM LEHRMAN PO Box 5781 Pasco, WA 99302	PO Box	\$106.00	\$307.79	X		
05/04/20	MOLLY PETERSON 1420 Stevens Dr Richland, WA 99354	Event Photography	\$300.00	\$300.00	X		Not Employed Pasco WA HOMEMAKER
05/06/20	KIM LEHRMAN PO Box 5781 Pasco, WA 99302	Webhosting: WIX	\$26.83	\$307.79	X		
05/07/20	KIM LEHRMAN PO Box 5781 Pasco, WA 99302	Webhosting: WIX	\$174.96	\$307.79	X		
		TOTAL THIS PAGE		\$607.79			

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE
TO C4

B

(11/93)

4

Candidate or Committee Name (Do not abbreviate. Use full name.)
KIM LEHRMAN (Kim for Franklin County)

Report Date
05/04/20 05/31/20

3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and Address	Amount Owed	Code OR	Description of Obligation
05/11/2020	KIM LEHRMAN PO Box 5781 Pasco WA, 99302	943.25		Filing Fee
TOTAL THIS PAGE		943.25		

LOANS

**SCHEDULE
TO C3
OR C4**

L
(12/99)

Candidate or Committee Name

Report Date

KIM LEHRMAN (Kim for Franklin County)

05/04/20

05/31/20

1. MONETARY OR IN-KIND LOAN RECEIVED. Loans are considered contributions and are subject to any applicable limit.

Date Loaned	Lender's Name and Address	P R I	G E N	Amount of Loan	Annual Interest Rate	Repayment Schedule	Date Due
05/06/20	KIM LEHRMAN PO Box 5781 Pasco, WA 99302	X		\$26.83	0%	As funds	
<p style="text-align: center;">In-Kind Loan</p> <p>If monetary loan, also include this amount on line 1c, C3 report. If in-kind loan, itemize in Part 1 of Schedule B. →</p>				Amount Liable For (Same as Loan Amount)	Aggregate Total	Lender's Occupation and Name, City & State of Employer	
	Name and Address of Each Loan Endorser, Co-Signer	P R I	G E N			Endorser's Occupation and Name, City, & State of Employer	
05/07/20	KIM LEHRMAN PO Box 5781 Pasco, WA 99302	X		\$174.96	0%	As funds	
<p style="text-align: center;">In-Kind Loan</p> <p>If monetary loan, also include this amount on line 1c, C3 report. If in-kind loan, itemize in Part 1 of Schedule B. →</p>				Amount Liable For (Same as Loan Amount)	Aggregate Total	Lender's Occupation and Name, City & State of Employer	
	Name and Address of Each Loan Endorser, Co-Signer	P R I	G E N			Endorser's Occupation and Name, City, & State of Employer	
05/04/20	KIM LEHRMAN PO Box 5781 Pasco, WA 99302	X		\$106.00	0%	As funds	
<p style="text-align: center;">In-Kind Loan</p> <p>If monetary loan, also include this amount on line 1c, C3 report. If in-kind loan, itemize in Part 1 of Schedule B. →</p>				Amount Liable For (Same as Loan Amount)	Aggregate Total	Lender's Occupation and Name, City & State of Employer	
	Name and Address of Each Loan Endorser, Co-Signer	P R I	G E N			Endorser's Occupation and Name, City, & State of Employer	
		P R I	G E N			Lender's Occupation and Name, City & State of Employer	
	Name and Address of Each Loan Endorser, Co-Signer	P R I	G E N			Endorser's Occupation and Name, City, & State of Employer	

