| PUBLIC DISC | CLOSURE COMMISSION |
|-------------|--------------------------|
| | 711 CAPITOL WAY RM 206 |
| | PO BOX 40908 |
| | OLYMPIA WA 98504-0908 |
| | (360) 753-1111 |
| | TOLL FREE 1-877-601-2828 |

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100975781

C4

(3/97)

06-10-2020

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

| ANDREW R STOKESBARY | (STOKESBARY A | NDREW R SU | RPLUS A | CCT) | | | |
|--|---|--|------------------|--------------|---------------------------------|------------------|---|
| Mailing Address PO BOX 92 | | | | | City AUBURN , | | |
| Zip + 4 98071 | Office Sought (Cano | didates) | Electior 2016 | n Date | | | cus Committees: During nittee make an independent |
| Report Period From (last C | -4) To (er | nd of period) | Final R | eport? | expenditure (i.e | ., an expense | not considered a contribution) |
| Covered 05/01/2 | 20 05 | /31/20 | Yes | No X | supporting or op | posing a state | or local candidate? |
| RECEIPTS | | | | | *See next page | | Yes No |
| Previous total cash and in k (if beginning a new campaig | ind contributions (From In or calendar year, see | n line 8, last C-4) e instruction boo | klet) | | | ······ <u> </u> | \$\$244,219.13 |
| 2. Cash received (From line 2, | Schedule A) | | | | \$ | \$0.00 | |
| 3. In kind contributions receive | d (From line 1, Schedu | ıle B) | | | | \$0.00 | |
| 4. Total cash and in kind contr | | | | | | | \$0.00 |
| 5. Loan principal repayments r | | | | | | | |
| 6. Corrections (From line 1 or 3 | 3, Schedule C) | | S | how + or (| -) | \$0.00 | |
| 7. Net adjustments this period | (Combine line 5 & 6) | | | | S | how + or (-) | \$0.00 |
| 8. Total cash and in kind contr | ibutions during campai | gn (Combine line | es 1, 4 & 7) . | | | | \$244,219.13 |
| 9. Total pledge payments due EXPENDITURES | (From line 2, Schedule | e B) | | \$0.00 | | | |
| 10. Previous total cash and in k (If beginning a new campaig | ind expenditures (From In or calendar year, se | n line 17, last C-4 e instruction boo | 4) oklet) | | | ······ <u> </u> | \$217,904.64 |
| 11. Total cash expenditures (Fro | om line 4, Schedule A) | | | | <u>\$</u> | <u>3,350.00</u> | |
| 12. In kind expenditures (goods | & services) (From line | 1, Schedule B). | | | | \$0.00 | |
| 13. Total cash and in kind expen | nditures made this peri | od (Line 11 plus | line 12) | | | | \$3,350.00 |
| 14. Loan principal repayments r | nade (From line 2, Sch | edule L) | | | | \$0.00 | |
| 15. Corrections (From line 2 or 3 | 3, Schedule C) | | S | how + or (| -) | \$0.00 | |
| 16. Net adjustments this period | (Combine lines 14 & 1 | 5) | | | S | how + or (-) | \$0.00 |
| 17. Total cash and in kind expendence | nditures during campai | gn (Combine line | es 10, 13 an | d 16) | | | \$221,254.64 |
| CANDIDATES ONLY | Name not | CASH SUMMA | | | \ | | |
| Won Lost | Unopposed on ballot | | | | 17) nce(s) plus your petty c | | \$22,964.49 |
| Primary election | | 10 Liphilition | (Sum of loop | a and dat | ate awad) | | |
| General election | | 19. Liabilities: | (Sum of loar | is and dec | ots owed) | | \$0.00 |
| Treasurer's Daytime Telephone | NO | 20. Balance (S | urplus or de | ficit) (Line | 18 minus line 19) | _ | \$22,964.49 |
| CERTIFICATION: I certify that the in | nformation herein and on | accompanying sch | | | | the best of my k | |
| Candidate's Signature | Date | | Treasurer' | s Signatur | e | | Date |
| ANDREW STOKESBARY | 06 | /10/20 | | | | | 06/10/20 |

CASH RECEIPTS AND EXPENDITURE



ndidate or Committee Name (Do not abbreviate Use full name)

| Candidate or Committee Name | e (Do not abi | breviate. Use full ham | e.) | | г | Teport Date | |
|---|---------------|------------------------|-------------|-----------------|---------------------|----------------|--|
| ANDREW R STOKESBARY | (STOKES | SBARY ANDREW R | SURPLUS ACC | 'T) | 05/01/20 | 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 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. TOTAL CASH RECEIPTS | | | | Enter a | lso on line 2 of C4 | \$ \$0.00 | |

2. TOTAL CASH RECEIPTS

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

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

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- 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 | |
| 05/11/20 | CITIZEN ACTION DEFENSE FUND 1003 MAIN ST, STE 5 SUMNER, WA 98390 | | DONATION | \$3,000.00 |
| 05/21/20 | MARSHALL BENNETT 823 MAIN ST, STE A SUMNER, WA 98390 | | RENT | \$350.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total from attached pages | \$ \$0.00 |

4. TOTAL CASH EXPENDITURES