

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4
(3/97)

PDC OFFICE USE
100981563

07-10-2020

Candidate or Committee Name (Do not abbreviate. Include full name) (BETH DOGLIO SURPLUS FUNDS ACCOUNT)			
Mailing Address PO BOX 222		City OLYMPIA, WA	
Zip + 4 98507	Office Sought (Candidates) STATE REPRESENTATIVE	Election Date 2020	*For PACs, Parties & Caucus Committees: During this report period, did the committee make an <u>independent expenditure</u> (i.e., an expense not considered a contribution) <u>supporting or opposing a state or local candidate?</u>
Report Period Covered From (last C-4) 06/01/20	To (end of period) 06/30/20	Final Report? 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)	\$	\$28,747.75
2. Cash received (From line 2, Schedule A)	\$	\$0.00
3. In kind contributions received (From line 1, Schedule B)		\$0.00
4. Total cash and in kind contributions received this period (Line 2 plus 3)		\$0.00
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)		\$28,747.75
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)		\$10,237.83
11. Total cash expenditures (From line 4, Schedule A)		\$2,273.00
12. In kind expenditures (goods & services) (From line 1, Schedule B)		\$0.00
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)		\$2,273.00
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)		\$12,510.83

CANDIDATES ONLY	Won	Lost	Unopposed	Name not on ballot
Primary election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treasurer's Daytime Telephone No.:
(206) 382-5552

CASH SUMMARY

18. Cash on hand (Line 8 minus line 17)	\$16,236.92
[Line 18 should equal your bank account balance(s) plus your petty cash balance.]	
19. Liabilities: (Sum of loans and debts owed)	\$0.00
20. Balance (Surplus or deficit) (Line 18 minus line 19)	\$16,236.92

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 BETH DOGLIO	Date 07/10/20	Treasurer's Signature Philip Lloyd	Date 07/10/20
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CASH RECEIPTS AND EXPENDITURE

SCHEDULE
to C4

A
(11/93)

2

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

Report Date

(BETH DOGLIO SURPLUS FUNDS ACCOUNT)

06/01/20

06/30/20

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 also 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;
- 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	\$73.00
06/11/20	BRUCE AMUNDSON 18454 16TH AVE NW SHORELINE, WA 98177		Refund	\$250.00
06/11/20	CATHERINE MCCOY 712 EASTSIDE ST NE OLYMPIA, WA 98506		Refund	\$250.00
06/11/20	KIRK HAFFNER 4511 LEMON RD NE OLYMPIA, WA 98506		Refund	\$250.00
06/27/20	TONY DODGE 363 SHAKER RD CANTERBURY, NH 00000		Refund	\$100.00
06/27/20	KAREN VERRILL 123 4TH AVE W APT 501 OLYMPIA, WA 98501		Refund	\$100.00
06/26/20	FRED ADAIR 2039 EAST BAY DR NE OLYMPIA, WA 98506		Refund	\$150.00

Total from attached pages \$ **\$1,100.00**

4. TOTAL CASH EXPENDITURES

Enter also on line 11 of C4 \$ **\$2,273.00**

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

Report Date

(BETH DOGLIO SURPLUS FUNDS ACCOUNT)

06/01/20

06/30/20

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
06/26/20	RHYS ROTH 312 MILROY ST NW OLYMPIA, WA 98502		Refund	\$150.00
06/26/20	LINDA LAMB 3809 BOULEVARD RD SE OLYMPIA, WA 98501		Refund	\$100.00
06/26/20	JOHN CALHOUN 5221 KLAHANIE DR NW OLYMPIA, WA 98502		Refund	\$100.00
06/11/20	SQUAXIN INDIAN TRIBE 10 SE Squaxin Ln Shelton, WA 98584		Refund	\$500.00
06/11/20	PUGET SOUND PILOTS PAC PO Box 2042 Seattle, WA 98101		Refund	\$250.00

Page Total \$ \$1,100.00