PUBLIC DIS	SCLOSURE 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 100983672

C4

(3/97)

07-14-2020

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

(Shir Regev)								
Mailing Address PO Box 306						City Richland, WA		
Zip + 4Office Sought (Cancel99352STATE REPRES					*For PACs, Parties & Ca this report period, did the con			
Report Period	From (last C-4	l) To (er	nd of period)	Final	Report?	expenditure (i.e., an expense		
Covered	06/01/20	07	/13/20	Yes	No X	supporting or opposing a stat	e or local c	andidate?
RECEIPTS				1		*See next page	Yes	No
 Previous total (if beginning a 	l cash and in kin a new campaign	d contributions (From or calendar year, see	n line 8, last C-4) e instruction boo) bklet)			\$	\$6,723.14
2. Cash received	d (From line 2, S	Schedule A)				\$ \$8,297.00		
3. In kind contrib	outions received	(From line 1, Schedu	ıle B)			\$180.00		
4. Total cash an	d in kind contrib	utions received this p	period (Line 2 plu	us 3)				\$8,477.00
5. Loan principa	I repayments ma	ade (From line 2, Sch	edule L)			\$0.00		
6. Corrections (F	From line 1 or 3,	Schedule C)			. Show + or	(-) \$0.00		
7. Net adjustme	nts this period (0	Combine line 5 & 6)				Show + or (-)		\$0.00
8. Total cash an	d in kind contrib	utions during campai	gn (Combine lin	es 1, 4 & 7	")			\$15,200.14
9. Total pledge	payments due (F	From line 2, Schedule	e B)		\$0.00			
EXPENDITURES								
10. Previous total (If beginning a	l cash and in kin a new campaign	d expenditures (From or calendar year, se	n line 17, last C-4 e instruction boo	4) oklet)				\$2,291.49
11. Total cash ex	penditures (Fror	m line 4, Schedule A)				\$6,963.89	<u>!</u>	
12. In kind expen	ditures (goods 8	& services) (From line	1, Schedule B)			\$180.00	1	
								\$7,143.89
14. Loan principa	I repayments ma	ade (From line 2, Sch	edule L)			\$0.00	<u>!</u>	
15. Corrections (F	From line 2 or 3,	Schedule C)			. Show + or	(-) \$0.00		
16. Net adjustme	nts this period (0	Combine lines 14 & 1	5)			Show + or (-)		\$0.00
17. Total cash an	d in kind expend	ditures during campai	gn (Combine lin	es 10, 13 a	and 16)			\$9,435.38
		Name not Jnopposed on ballot	CASH SUMM) minua lina	17)		\$5,764.76
-						ance(s) plus your petty cash balance.]		<i>Q3710</i> 1.70
Primary election General election			19. Liabilities:	(Sum of Ic	ans and de	bts owed)		** **
Treasurer's Daytim	ne Telephone N	lo.:		(,		\$0.00
-	·		20. Balance (S	surplus or o	deficit) (Line	e 18 minus line 19)		\$5,764.76
		_	accompanying sch	1		is true and correct to the best of my	knowledge.	_
Candidate's Signatu	ıre	Date		Treasure	er's Signatu	re		Date
SHIR REGEV		07	/14/20	Shir I	Regev			07/14/20

CASH RECEIPTS AND EXPENDITURE



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

(Shir Regev)					06/01/20	07/13/20	
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	
06/06/2020	\$2,098.00	06/21/2020	\$1,605.00	07/05/2020	\$394.00		
06/13/2020	\$2,232.00	06/27/2020	\$1,363.00	07/12/2020	\$262.00		
06/13/2020	\$250.00	06/28/2020	\$93.00				
2. TOTAL CASH RECEIPTS Enter also on line 2 of C4						\$8,297.00	

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:

- If expenditures are <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> 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.

C - Contributions (monetary, in-kind & transfers) I - Independent Expenditures

DEFINITIONS ON NEXT PAGE

CODE

- 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

2 Report Date

- 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 <u>\$50 or less</u>, 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	\$213.03
06/29/20	MASALA INDIAN CUISINE 3321 W Kennewick Ave Kennewick, WA 99336		Vol meal	\$351.86
07/03/20	ACT BLUE PO Box 441146 Somerville, MA 02144-0031		Online contribution processing fees.	\$94.08
07/09/20	ACT BLUE PO Box 441146 Somerville, MA 02144-0031		Online contribution processnig fees.	\$174.92
07/11/20	REIMOLD PRINTING 5171 Blackbeak Drive Saginaw, MI 48604		postcard mailers	\$6,130.00
		1	Total from attached pages	\$ \$0.00

4. TOTAL CASH EXPENDITURES

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4

(11/93)



Report Date 06/01/20 07/13/20

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

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

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	R	G If total over \$100, E Employer Name, City, State & Occup	
06/27/20	MARIE NOORANI 317 Columbia Point Drive Richland, WA 99352	live music performance	\$100.00	\$130.00	X NOT EMPLOYED		
06/27/20	SHIR REGEV PO Box 306 Richland, WA 99352	soap and water bottles	\$80.00	\$172.00	x		
	1	TOTAL THIS PAGE	\$180.00		I		