

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100983813

07-14-2020

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

MIA SU-LING GREGERSON	(GREGERSON MIA S	U-LING SURI	LUS ACC	T)				
Mailing Address City PO BOX 297 SEAHURST,								
Zip + 4 Office Sought (Cand 98062 STATE REPRES							cus Committees: During nittee make an independent	
Report Period From (last C-4	To (end of pe	riod) Final	Report?	expenditure (i.e.	, an expense	not consi	dered a contribution)	
Covered 06/01/20	06/30/2	20 Yes	No X	supporting or opp	osing a state	or local c	candidate?	
RECEIPTS				*See next page		Yes	No	
Previous total cash and in kin (if beginning a new campaign	d contributions (From line 8, or calendar year, see instruc	last C-4) tion booklet)				\$	\$77,124.25	
2. Cash received (From line 2, §	\$	\$0.00						
3. In kind contributions received		\$0.00						
4. Total cash and in kind contrib			\$0.00					
5. Loan principal repayments ma	-							
6. Corrections (From line 1 or 3,								
7. Net adjustments this period (Combine line 5 & 6)							\$0.00	
8. Total cash and in kind contrib			\$77,124.25					
9. Total pledge payments due (F	From line 2, Schedule B)		\$0.00					
EXPENDITURES  10. Previous total cash and in kin (If beginning a new campaign	d expenditures (From line 17 or calendar year, see instruc	, last C-4) ction booklet)			·····		\$74,800.00	
11. Total cash expenditures (From	m line 4, Schedule A)				\$0.00			
12. In kind expenditures (goods & services) (From line 1, Schedule B)								
13. Total cash and in kind expend			\$0.00					
14. Loan principal repayments made (From line 2, Schedule L)								
15. Corrections (From line 2 or 3,	Schedule C)		Show + or (	(-)	\$0.00			
16. Net adjustments this period (Combine lines 14 & 15)							\$0.00	
17. Total cash and in kind expend	ditures during campaign (Cor	nbine lines 10, 13	and 16)				\$74,800.00	
CANDIDATES ONLY		SUMMARY						
Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17)							\$2,324.25	
Primary election	ots owed)			\$0.00				
Treasurer's Daytime Telephone N	18 minus line 19) .			\$2,324.25				
CERTIFICATION: I certify that the inf	ormation herein and on accompa	nying schedules and	l attachments i	is true and correct to	the best of my l	knowledge.		
Candidate's Signature Date Treasurer's Signature							Date	
IA SU-LING GREGERSON 07/14/20 STEPHANIE SC			HLEGEL			07/14/20		

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

1/93)

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

Report Date

Carialaate of Oc	minitiee Hame (Bo not ab	breviate: 636 fail flame.)				
MIA SU-LING	G GREGERSON (GRE	GERSON MIA SU-LIN	IG SURPLU	S ACCT)	06/01/20	06/30/20
1. CASH RECE	EIPTS (Contributions) which	ch have been reported on C3	<ol><li>List each de</li></ol>	eposit made since last C	4 report was submitted	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
2. TOTAL CAS	H RECEIPTS			Enter	also on line 2 of C4	\$0.00
needed. The 1) If expendi comm 2) When rep 3) If expendi petitio amoun  () () () () () () () () () () () () ()	e exceptions are: tures are in-kind or earmar ittee, identify the candidate orting payments to vendors tures are made directly or i n, use code "V" and provid nt paid each during the rep  CODE DEFINITIONS DN NEXT PAGE B N O V  JRES Inditures of \$50 or less, incluent column on the first line be eeach expenditure of more	e than \$50 by date paid, nan , campaign worker, PR firm	date or commitotion block; y the traveler a erson or entity on an attached to total paid all n-kind & transf ting idio, TV) I Advertising gns, buttons, e  need not be it me and addres	ttee or independent expand travel purpose in the for soliciting signatures sheet: name and addrepersons to date to gathers:  Selection of the following signatures sheet: name and addrepersons to date to gathers:  For independent expands in the formula of the following signatures and addrepersons to date to gathers:  For independent expands in the formula of the following signatures and addrepersons to date to gathers:  For independent expands in the formula of the fo	enditures that benefit a Description block; and on a statewide initiative ess of each person/entit er signatures. Postage, Mailing Permit Surveys and Polls Fundraising Event Expe Travel, Accommodation: Management/Consultin Wages, Salaries, Benef General Operation and expenditures and show iption, and amount.	candidate or e or referendum y compensated, s nses s, Meals g Services fits Overhead the total in the
Date Paid		r Recipient nd Address)	Code	Purpose of E and/or Des		Amount
N/A Expenses of		,	N/A	N/A	оприон	AHOUII

Total from attached pages \$ \$0.00
Enter also on line 11 of C4 \$ \$0.00