

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100991044

08-10-2020

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

Karen Keiser (Karen K	Keiser - Surplu	s Funds 2	Accoun	t)					
Mailing Address PO Box 13290						City Des Moines	s, WA		
Zip + 4 Office Sought (Candidate 98198 STATE SENATOR								s Committees: During ee make an independent	
Report Period From (last C-	4) To (end	of period)	Final	Repor	t?	expenditure (i.e.	, an expense	not conside	red a contribution)
Covered 07/01/2	0 07/	31/20	Yes	No	x	supporting or opp	oosing a state	or local car	ndidate?
RECEIPTS						*See next page		Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From li n or calendar year, see i	ne 8, last C-4) nstruction book	det)					\$	\$69,103.14
2. Cash received (From line 2,	Schedule A)					··· _ \$	\$0.00		
3. In kind contributions received	d (From line 1, Schedule	B)					\$0.00		
4. Total cash and in kind contrib	outions received this per	iod (Line 2 plu	s 3)						\$0.00
5. Loan principal repayments m	ade (From line 2, Sched	lule 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)				Sh	now + or (-) _		\$0.00		
8. Total cash and in kind contrib	outions during campaign	(Combine line	s 1, 4 & 7	')					\$69,103.14
9. Total pledge payments due (From line 2, Schedule B)		\$0.	00				
EXPENDITURES									
Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From li n or calendar year, see i	ne 17, last C-4 nstruction bool	·) <let)< td=""><td></td><td></td><td></td><td></td><td></td><td>\$25,900.00</td></let)<>						\$25,900.00
11. Total cash expenditures (Fro	m line 4, Schedule A)						\$250.00		
12. In kind expenditures (goods & services) (From line 1, Schedule B)					\$0.00				
13. Total cash and in kind expen	ditures made this period	(Line 11 plus	line 12)						\$250.00
14. Loan principal repayments m	ade (From line 2, Sched	lule 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)						\$0.00			
17. Total cash and in kind expen	ditures during campaign	(Combine line	es 10, 13 a	and 16)				\$26,150.00
CANDIDATES ONLY Name not Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17)				17\			\$42,953.14		
	onopposed on ballot	18. Cash on hand (Line 8 minus line 17) [Line 18 should equal your bank account balance(s) plus							Ϋ42, 933.14
Primary election		19. Liabilities: (Sum of loans and debts owed				ots owed)			\$0.00
Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit)				(Line	18 minus line 19) .			\$42,953.14	
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CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and companying schedules are schedules and attachments is true and companying schedules are schedules and attachments is true and companying schedules are schedules and attachments is true and companying schedules are schedules and attachments is true and companying schedules are schedules and companying schedules are schedules and attachment is true and companying schedules are schedules and companying schedules are schedules and attachment is true and companying schedules are schedules and companying schedules are schedules and attachment is true and companying schedules are schedules and companying schedules are schedules are schedules and attachment is schedules are schedules and attachment is schedules and attachment is schedules and attachment is					tne best of my l	knowledge.	Date		
Karen Keiser 08/10/20 Jason I				Ben	nett	<u>-</u>		0.8	3/10/20

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

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

Report Date

Candidate of Confinite (Do not appreviate. Ose full flame.)					rioport Bato		
Karen Keiser	(Karen Keiser	- Surplus Fur	ds Account)	07/01/20	07/31/20		
1. CASH RECEIP	TS (Contributions) which	h have been reported	on C3. List each dep	oosit made since last C4 i	eport was submitted		
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits	
2. TOTAL CASH F	RECEIPTS			Enter als	so on line 2 of C4	\$ \$0.00	
CODES FOR C needed. The ex		ITURES: If one of the f	following codes is use	ed to describe an expend	iture, no other descri	ption is generally	

- 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.

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 ate Paid (Name and Address)		Purpose of Expense and/or Description	Amount	
N/A	Expenses of \$50 or less	N/A	N/A	\$0.00	
07/13/20	King County Democrats PO Box 65062 Shoreline, WA 98155	С	contribution to county party committee	\$250.00	
			Total from attached pages	\$ \$0.00	

Enter also on line 11 of C4

\$250.00