

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 101004581

10-10-2020

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

| (Timm Ormsby Surplus E  | 'unds)   |   |             |            |                   |                            |               |            |                        |  |
|---|--|---|-------------|------------|-------------------|----------------------------|---------------|------------|------------------------|--|
| Mailing Address PO Box 2177   |  |   |             |            | Cit<br><b>S</b> r | y<br>ookane, W             | 'A            |            |                        |  |
| Zip + 4         Office Sought (Cancellance)           99210         STATE REPRES    |  |   |             |            |                   | *For PACs, Parties & Caucu |               |            |                        |  |
| Report Period From (last C-   | 4) To (er  | nd of period)                             | Final       | Report?    | exp               | <b>penditure</b> (i.e.     | , an expense  | not cons   | idered a contribution) |  |
| Covered 09/01/2   | 0 09   | /30/20                                    | Yes         | No X       | sup               | porting or opp             | osing a state | e or local | candidate?             |  |
| RECEIPTS  |  |   |             |            | *Se               | ee next page               |               | Yes        | No                     |  |
| Previous total cash and in kir<br>(if beginning a new campaign                      | nd contributions (From<br>n or calendar year, see        | n line 8, last C-4)<br>e instruction bool | klet)       |            |                   |                            |               | \$         | \$426,950.00           |  |
| 2. Cash received (From line 2,  | Schedule A)  |   |             |            |                   | \$                         | \$0.00        |            |                        |  |
| 3. In kind contributions received   | ıle B)   |   | •••••       |            |                   | \$0.00                     |               |            |                        |  |
| 4. Total cash and in kind contrib   |  |   | \$0.00      |            |                   |                            |               |            |                        |  |
| 5. Loan principal repayments m  | edule L)   |   | •••••       |            |                   | \$0.00                     |               |            |                        |  |
| 6. Corrections (From line 1 or 3  | , Schedule C)  |   |             | . Show + o | or (-)            |                            | \$0.00        |            |                        |  |
| 7. Net adjustments this period (Combine line 5 & 6)                                 |  |   |             |            |                   |                            |               |            | \$0.00                 |  |
| 8. Total cash and in kind contrib   | outions during campai                                    | gn (Combine line                          | es 1, 4 & 7 | ')         |                   |                            |               |            | \$426,950.00           |  |
| 9. Total pledge payments due (  | From line 2, Schedule                                    | e B)                                      |             | \$0.00     | 0                 |                            |               |            |                        |  |
| EXPENDITURES  |  |   |             |            |                   |                            |               |            |                        |  |
| <ol> <li>Previous total cash and in kir<br/>(If beginning a new campaign</li> </ol> | nd expenditures (From<br>n or calendar year, se          | e instruction bool                        | l)<br>klet) |            |                   |                            |               |            | \$425,697.00           |  |
| 11. Total cash expenditures (Fro  | m line 4, Schedule A)                                    |   |             |            |                   |                            | \$0.00        |            |                        |  |
| 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)     |  |   |             |            |                   |                            |               |            | \$0.00                 |  |
| 14. Loan principal repayments made (From line 2, Schedule L)                        |  |   |             |            |                   |                            | \$0.00        |            |                        |  |
| 15. Corrections (From line 2 or 3   |  |   | . Show + o  | or (-)     |                   | \$0.00                     |               |            |                        |  |
| 16. Net adjustments this period (   |  |   |             | Sh         | ow + or (-)       |                            | \$0.00        |            |                        |  |
| 17. Total cash and in kind expen  | ditures during campai                                    | gn (Combine line                          | es 10, 13 a | and 16)    |                   |                            |               |            | \$425,697.00           |  |
| CANDIDATES ONLY   |  |   |             |            |                   |                            |               |            |                        |  |
| Won Lost I  | nd (Line 8 minus line 17)                                |   |             |            |                   | \$1,253.00                 |               |            |                        |  |
| Primary election  |  |   |             |            |                   |                            |               |            | \$0.00                 |  |
| Treasurer's Daytime Telephone N   | 00.0   | -   |             |            |                   |                            |               |            |                        |  |
| (206)682-7328   | 20. Balance (Surplus or deficit) (Line 18 minus line 19) |   |             |            |                   |                            | \$1,253.00    |            |                        |  |
| CERTIFICATION: I certify that the in  | formation herein and on Date                             | accompanying sch                          |             |            |                   | and correct to t           | he best of my | knowledge  |                        |  |
| Candidate's Signature   |  | Treasurer's Signature                     |             |            |                   |                            | Date          |            |                        |  |
| TIMM ORMSBY SURPLUS F   | 10/20 Josie Olsen  |   |             |            |                   |                            | 10/10/20      |            |                        |  |

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

09/01/20

2

09/30/20

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

(Timm Ormsby Surplus Funds)

Report Date

| 1.  | CASH RECE   | IPTS (Contributions) which             | h have been reported on C | 3. List each   | deposit made since last C                 | 4 report was submitted  | d.   |  |  |  |  |  |
|---|---|--|---------------------------|--|---|---|--|--|--|--|--|--|
| Da  | ate of deposit  | Amount                                 | Date of deposit           | Amou   | nt Date of deposit                        | Amount  | Total deposits   |  |  |  |  |  |
|   |   |  |                           |  |   |   |  |  |  |  |  |  |
| 2.  | TOTAL CASI  | H RECEIPTS                             |                           |  | Enter                                     | also on line 2 of C4  | \$ \$0.00  |  |  |  |  |  |
|   | needed. The   | R CLASSIFYING EXPENDED exceptions are: |                           | Ü  | •   | •   | ription is generally   |  |  |  |  |  |
| 1)<br>2)<br>3)  | 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;  When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and 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 I - Independent Expenditures L - Literature, Brochures, Printi B - Broadcast Advertising (Rac N - Newspaper and Periodical O - Other Advertising (yard sig V - Voter Signature Gathering |   |  |                           | nting<br>adio, TV)<br>al Advertising<br>igns, buttons, | S - S<br>F - F<br>T - T<br>M - N<br>etc.) | Postage, Mailing Perm<br>Surveys and Polls<br>Fundraising Event Export<br>Fravel, Accommodation<br>Management/Consultin<br>Wages, Salaries, Bene<br>General Operation and | s<br>at Expenses<br>odations, Meals<br>nsulting Services<br>, Benefits |  |  |  |  |  |
| 3.  | <ul> <li>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</li> <li>b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.</li> <li>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.</li> </ul>  |  |                           |  |   |   |  |  |  |  |  |  |
| Da  | Vendor or Recipient Date Paid (Name and Address)  |  | Code                      | Purpose of E<br>and/or Desc                            |   | Amount  |  |  |  |  |  |  |
| N/A   |   | Expenses of \$50 or less               |                           | N/A  | N/A                                       | ,   |  |  |  |  |  |  |
|   |   |  |                           |  |   |   | •  |  |  |  |  |  |
|   |   |  |                           |  |   |   |  |  |  |  |  |  |
|   |   |  |                           |  |   |   |  |  |  |  |  |  |
|   |   |  |                           |  |   |   |  |  |  |  |  |  |
|   |   |  |                           |  |   |   |  |  |  |  |  |  |
|   |   |  |                           |  |   |   |  |  |  |  |  |  |
| 4.  | from attached pages also on line 11 of C4   | \$ \$0.00<br>\$ \$0.00                 |                           |  |   |   |  |  |  |  |  |  |