PUBLIC DISCLOSURE 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

C4(3/97)

PDC OFFICE USE 101005751

10-12-2020

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

(Committee to Elect Ca	arly Coburn)							
Mailing Address						City		
P.O. Box 5744	T				-	Pasco, WA		
Zip + 4	Office Sought (Cano			ion Date		*For PACs, Parties & Ca		
99302 Report Period From (last C	STATE REPRES	nd of period)	2020 Final	Report?		this report period, did the conexpenditure (i.e., an expens		
Covered	,	. ,				supporting or opposing a sta		
09/01/2	0 10	/12/20	Yes	No X	ζ.			
RECEIPTS						*See next page	Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From n or calendar year, see	n line 8, last C-4) e instruction bool	klet)				\$	\$11,223.99
2. Cash received (From line 2,	Schedule A)					\$ \$1,731.00	_	
3. In kind contributions received	d (From line 1, Schedu	ıle B)				\$0.00	_	
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	s 3)					\$1,731.00
5. Loan principal repayments m							_	
6. Corrections (From line 1 or 3	, Schedule C)			. Show +	or (-)	(\$100.00)	=	
7. Net adjustments this period (-	(\$100.00)
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7	7)				\$12,854.99
9. Total pledge payments due (From line 2, Schedule	e B)		\$0.0	00			
EXPENDITURES								
 Previous total cash and in kir (If beginning a new campaign 	nd expenditures (From n or calendar year, see	n line 17, last C-4 e instruction boo	l) klet)					\$8,583.35
11. Total cash expenditures (Fro	m line 4, Schedule A)					\$3,288.1	<u>7</u>	
12. In kind expenditures (goods	& services) (From line	1, Schedule B).				. \$0.00	1	
13. Total cash and in kind expen								\$3,288.17
14. Loan principal repayments m	nade (From line 2, Sch	edule L)				\$0.00	<u>)</u>	
15. Corrections (From line 2 or 3	, Schedule C)			. Show +	or (-)	(\$100.00	<u>)</u>	
16. Net adjustments this period (Combine lines 14 & 1	5)				Show + or (-)		(\$100.00)
17. Total cash and in kind expen	ditures during campai	gn (Combine line	es 10, 13	and 16).				\$11,771.52
CANDIDATES ONLY Won Lost	Name not Unopposed on ballot	CASH SUMMA		3 minus l	line 1	7)		\$1,083.47
						ce(s) plus your petty cash balance.]	_	
Primary election		19. Liabilities:	(Sum of lo	oans and	d debt	s owed)		\$500.00
Treasurer's Daytime Telephone N	No.:	20 Polones (C	uroluo or	doficit\ (1	lina 1	9 minus line 10\		
(206)745-2010		∠u. Baiance (Si	urpius or (uericit) (L	∟ine 1	8 minus line 19)		\$583.47
CERTIFICATION: I certify that the in		accompanying sch					y knowled	
Candidate's Signature	Date		Treasur	er's Sign	ature			Date
CARLY COBURN	10	/12/20	Jason	Benn	ett			10/12/20

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

09/01/20

10/12/20

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

Report Date

(Committee to Elect Carly Coburn)

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
09/02/2020	\$127.00	09/10/2020	\$45.00	09/18/2020	\$125.00	
09/09/2020	\$133.00	09/11/2020	\$500.00	09/24/2020	\$150.00	
09/10/2020	\$140.00	09/15/2020	\$50.00	See attached		

\$ TOTAL CASH RECEIPTS Enter also on line 2 of C4

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;
- 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 (Name and Address)	Code	Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	\$59.89
09/24/20	ARGO STRATEGIES PO Box 9100 Seattle, WA 98109		ARGO STRATEGIES, set up fee (\$150), may treasury (\$250)	\$400.00
09/24/20	ARGO STRATEGIES PO Box 9100 Seattle, WA 98109		ARGO STRATEGIES, june treasury	\$300.00
09/24/20	ARGO STRATEGIES PO Box 9100 Seattle, WA 98109		ARGO STRATEGIES, july treasury	\$300.00
09/24/20	ARGO STRATEGIES PO Box 9100 Seattle, WA 98109		ARGO STRATEGIES, aug treasury	\$300.00
09/01/20	JOAN MARTIN 809 Rd 64 Pasco, WA 99301		refund accidental donation	\$50.00
09/01/20	JOAN MARTIN 809 Rd 64 Pasco, WA 99301		refund accidental donation	\$50.00
	1	L	Total from attached pages	\$ \$1 828 28

Total from attached pages \$1,828,28 Enter also on line 11 of C4

\$3,288.17

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

Page 3

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

Report Date

(Committee to Elect Carly Coburn) 09/01/20 10/12/20

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
09/02/20	SUREPAYROLL 2350 Ravine Way, Suite 100 Glenview, IL 60025		payroll processing fee	\$74.95
09/08/20	DEPARTMENT OF REVENUE PO Box 9034 Olympia, WA 98507		business license	\$90.00
09/14/20	SUREPAYROLL 2350 Ravine Way, Suite 100 Glenview, IL 60025		payroll+taxes: Elizabeth Follett	\$134.19
09/29/20	SUREPAYROLL 2350 Ravine Way, Suite 100 Glenview, IL 60025		payroll+taxes: Elizabeth Follett	\$134.19
10/02/20	SUREPAYROLL 2350 Ravine Way, Suite 100 Glenview, IL 60025		payroll processing fee	\$74.95
10/02/20	RAY LECHELTA 5311 W Tucannon Ave Kennewick, WA 99336		music for virtual event	\$75.00
10/09/20	STEPHENS MEDIA GROUP 4304 W 24th Ave Suite 200 Kennewick, WA 99336		KUJ-FM radio 10/14 thru 11/3	\$915.00
10/09/20	STEPHENS MEDIA GROUP 4304 W 24th Ave Suite 200 Kennewick, WA 99336		KKSR-FM radio 10/15 thru 11/3	\$330.00

Attachment to Schedule A Additional Deposits

for the period: 09/01/20 10/12/20

4

Name

(Committee to Elect Carly Coburn)

10/02/20 10/07/20 10/08/20	\$75.00 \$366.00 \$20.00		
10/07/20	\$366.00		
10/08/20	\$20.00		

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 B

5

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Committee to Elect Carly Coburn)

Report Date 09/01/20 10/12/20

3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and	Address	Amount Owed	Code	OR Description of Obligation
09/30/2020	ARGO STRATEGIES PO Box 9100 Seattle WA, 98109		500.00		sept treasury
		TOTAL THIS PAGE	500.00		

CORRECTIONS

SCHEDULE C

6

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

Date

(Committee to Elect Carly Coburn)

09/01/20

Total corrections to contributions Enter on line 6 of C4. Show + or (-).

(\$100.00)

10/12/20

Contributor's Name or Description of Correction	Amount Reported	Corrected Amount	Difference (+ or -)
JOAN MARTIN 809 Rd 64 Pasco, WA 99301	\$50.00	\$0.00	(\$50.00
JOAN MARTIN 809 Rd 64 Pasco, WA 99301	\$50.00	\$0.00	(\$50.00
		-	
	809 Rd 64 Pasco, WA 99301 JOAN MARTIN	JOAN MARTIN 809 Rd 64 Pasco, WA 99301 \$50.00 JOAN MARTIN 809 Rd 64	JOAN MARTIN 809 Rd 64 Pasco, WA 99301 \$50.00 JOAN MARTIN 809 Rd 64

CORRECTIONS

SCHEDULE TO C4

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

Date

(Committee to Elect Carly Coburn)

2. **EXPENDITURES** (Include mathematical corrections.)

09/01/20

10/12/20

Date of Report	Vendor's Name or Description of Correction	Amount Reported	Corrected Amount	Difference (+ or -)
08/19/20	JOAN MARTIN 809 Rd 64 Pasco, WA 99301	\$50.00	\$0.00	(\$50.00)
08/19/20	JOAN MARTIN 809 Rd 64 Pasco, WA 99301	\$50.00	\$0.00	(\$50.00)
		Total corre Enter on line 1	ections to expenditures 15 of C4. Show + or (-).	(\$100.00)