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 101006628

10-13-2020

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

| (Shir Regev) | | | | | |
|---|--|------------------------------------|--------------------------|---|----------------------------------|
| Mailing Address PO Box 306 | | | | City Richland, WA | |
| Zip + 4 99352 | Office Sought (Candid | , | Election Date 2020 | *For PACs, Parties & Car | |
| Report Period From (last C | | of period) | Final Report? | this report period, did the come | e not considered a contribution) |
| Covered 09/01/2 | , | 12/20 | Yes No X | supporting or opposing a state | |
| RECEIPTS | | | 163 140 | *0 | V N |
| NEGEN 10 | | | | *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 bool | klet) | | \$ \$22,338.14 |
| 2. Cash received (From line 2, S | | | | | |
| 3. In kind contributions received | I (From line 1, Schedule | B) | | \$0.00 | |
| 4. Total cash and in kind contrib | | | | • | \$8,413.54 |
| 5. Loan principal repayments m | ade (From line 2, Scheo | dule L) | | \$0.00 | |
| 6. Corrections (From line 1 or 3 | , Schedule C) | | Show + or | (-) (\$50.00) | |
| 7. Net adjustments this period (| Combine line 5 & 6) | | | Show + or (-) | (\$50.00) |
| 8. Total cash and in kind contrib | outions during campaigr | (Combine line | es 1, 4 & 7) | | \$30,701.68 |
| 9. Total pledge payments due (| From line 2, Schedule B | 3) | \$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 boo | l) klet) | | \$15,672.04 |
| 11. Total cash expenditures (Fro | m line 4, Schedule A) | | | \$3,070.10 | |
| 12. In kind expenditures (goods 8 | & services) (From line 1 | , Schedule B) . | | ···· \$0.00 | |
| 13. Total cash and in kind expen | ditures made this period | d (Line 11 plus | line 12) | | \$3,070.10 |
| 14. Loan principal repayments m | ade (From line 2, Scheo | dule L) | | \$0.00 | |
| 15. Corrections (From line 2 or 3 | , Schedule C) | | Show + or | (-) (\$50.00) | |
| 16. Net adjustments this period (| Combine lines 14 & 15) | | | Show + or (-) | (\$50.00) |
| 17. Total cash and in kind expen | ditures during campaigr | n (Combine line | es 10, 13 and 16) | | \$18,692.14 |
| CANDIDATES ONLY | | CASH SUMMA | | | |
| Won Lost U | Jnopposed on ballot | | | 17)ance(s) plus your petty cash balance.] | \$12,009.54 |
| Primary election | | | | bts owed) | \$0.00 |
| Treasurer's Daytime Telephone N | | 20. Balance (S | urplus or deficit) (Line | 18 minus line 19) | \$12,009.54 |
| CERTIFICATION: I certify that the in: | formation boroin and an ac | companying ach | adulas and attachments | is true and correct to the heat of my | |
| Candidate's Signature | Date | companying Sch | Treasurer's Signatur | | Date |
| SHIR REGEV | 10/ | 13/20 | Shir Regev | | 10/13/20 |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A

2

10/12/20

\$3,070.10

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

Report Date

(Shir Regev) 09/01/20

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 09/06/2020 \$1,450.00 09/20/2020 \$982.00 10/04/2020 \$415.00 \$100.00 \$2,253.00 \$1,936.00 09/07/2020 09/27/2020 10/11/2020 09/13/2020 \$384.00 10/04/2020 \$868.54 See attached

2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 \$ \$8,413.54

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.

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

Enter also on line 11 of C4

G - General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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 | \$222.05 |
| 09/20/20 | KIMBALL RICE 4552 E Mercer Way Mercer Island, WA 98040 | | cancelled fundraiser, donation refund | \$50.00 |
| 09/05/20 | REIMOLD PRINTING 5171 Blackbeak Drive Saginaw, MI 48604 | | Door Hangers | \$746.36 |
| 09/22/20 | GETTHRU PO Box 2690 Alameda, CA 94501-0690 | | pass thru services for texting | \$350.08 |
| 10/01/20 | ACT BLUE PO Box 441146 Somerville, MA 02144-0031 | | online donation processing fees | \$71.56 |
| 10/05/20 | CAMPAIGN CATALYST 5171 Blackbeak Dr Saginaw, MI 48604 | | door hangers | \$624.05 |
| 10/02/20 | STEPHEN'S MEDIA GROUP 4304 W 24th Ave Suite 200 Kennewick, WA 99338 | | Radio commercials | \$1,006.00 |
| | | • | Total from attached pages | \$ \$0.00 |

Attachment to Schedule A Additional Deposits

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

3

Name

(Shir Regev)

| (2 | | | | | |
|-----------------|---------|-----------------|--------|-----------------|--------|
| Date of Deposit | Amount | Date of Deposit | Amount | Date of Deposit | Amount |
| 10/11/20 | \$25.00 | | | | |
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CORRECTIONS

SCHEDULE TO C4

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

Date

(Shir Regev) 09/01/20 10/12/20

| Date of Report | Contributor's Name or Description of Correction | Amount Reported | Corrected Amount | Difference (+ or -) |
|----------------|--|-----------------|------------------|------------------------|
| 07/09/20 | KIMBALL RICE 4552 E Mercer Way Mercer Island, WA 98040 | \$50.00 | \$0.00 | (\$50.00) |
| 10/04/20 | RON MELTON 2344 Benton Ave. Richland, WA 99354 | \$48.00 | \$48.00 | \$0.00 |

| 07/09/20 | KIMBALL RICE 4552 E Mercer Way Mercer Island, WA 98040 | \$50.00 | \$0.00 | (\$50.00) |
|----------|--|------------------------------|---|-----------|
| 10/04/20 | RON MELTON 2344 Benton Ave. Richland, WA 99354 | \$48.00 | \$48.00 | \$0.00 |
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| | | Total corre Enter on line | ections to contributions 6 of C4. Show + or (-). | (\$50.00) |

CORRECTIONS

SCHEDULE C

5

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

Date

(Shir Regev) 09/01/20 10/12/20

| 2. EXPENDITURES | (Include mathematical corrections.) | |
|-----------------|-------------------------------------|--|
|-----------------|-------------------------------------|--|

| Date of Report | Vendor's Name or Description of Correction | Amount Reported | Corrected Amount | Difference (+ or -) |
|----------------|--|--------------------------------|---|------------------------|
| 07/09/20 | KIMBALL RICE 4552 E Mercer Way Mercer Island, WA 98040 | \$50.00 | \$0.00 | (\$50.00) |
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| | | Total corre Enter on line 1 | ections to expenditures 5 of C4. Show + or (-). | (\$50.00) |