

**SUMMARY, FULL REPORT
 RECEIPTS AND
 EXPENDITURES**

C4
(3/97)

PDC OFFICE USE
 110009177
 02-10-2021

Candidate or Committee Name (Do not abbreviate. Include full name)
TINA ORWALL (Tina Orwall Surplus Funds Account)

Mailing Address
PO BOX 12066

City
SEATTLE, WA

| | | | |
|---|---|----------------------------------|---|
| Zip + 4 98102 | Office Sought (Candidates) STATE REPRESENTATIVE | Election Date 2023 | *For PACs, Parties & Caucus Committees: During this report period, did the committee make an independent expenditure (i.e., an expense not considered a contribution supporting or opposing a state or local candidate?) |
| Report Period Covered From (last C-4) 11/01/20 | To (end of period) 01/31/21 | Final Report? Yes No X | |

RECEIPTS

*See next page

| | Yes | No |
|--|-----|---------------------|
| 1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet) | \$ | \$127,915.64 |
| 2. Cash received (From line 2, Schedule A) | \$ | \$0.00 |
| 3. In kind contributions received (From line 1, Schedule B)..... | | \$0.00 |
| 4. Total cash and in kind contributions received this period (Line 2 plus 3)..... | | \$0.00 |
| 5. Loan principal repayments made (From line 2, Schedule 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)..... Show + or (-) | | \$0.00 |
| 8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7) | | \$127,915.64 |
| 9. Total pledge payments due (From line 2, Schedule B)..... | | \$0.00 |

EXPENDITURES

| | | |
|---|--|---------------------|
| 10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet) | | \$121,208.57 |
| 11. Total cash expenditures (From line 4, Schedule A) | | \$1,250.00 |
| 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)..... | | \$1,250.00 |
| 14. Loan principal repayments made (From line 2, Schedule 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)..... Show + or (-) | | \$0.00 |
| 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)..... | | \$122,458.57 |

| CANDIDATES ONLY | | | | CASH SUMMARY | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|-------------------|
| Won | Lost | Unopposed | Name not on ballot | | | |
| Primary election | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Cash on hand (Line 8 minus line 17) | \$5,457.07 |
| General election | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [Line 18 should equal your bank account balance(s) plus your petty cash balance.] | |
| Treasurer's Daytime Telephone No.: | | | | | 19. Liabilities: (Sum of loans and debts owed) | \$0.00 |
| (206) 218-3108 | | | | | 20. Balance (Surplus or deficit) (Line 18 minus line 19) | \$5,457.07 |

CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.

| | | | |
|---|-------------------------|--|-------------------------|
| Candidate's Signature TINA ORWALL | Date 02/10/21 | Treasurer's Signature Abbot Taylor | Date 02/10/21 |
|---|-------------------------|--|-------------------------|

CASH RECEIPTS AND EXPENDITURE

SCHEDULE A
to C4
(11/93)

2

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

Report Date

TINA ORWALL (Tina Orwall Surplus Funds Account)

11/01/20

01/31/21

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 |
|-----------------|--------|-----------------|--------|-----------------|--------|----------------|
| | | | | | | |

2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 \$ \$0.00

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;
- 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 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 | |
| 01/08/21 | WA STATE DEMOCRATS PO BOX 4027 SEATTLE, WA 98194 | | DONATION | \$250.00 |
| 01/08/21 | FOREFRONT SUIDICE PREVENTION 4101 15TH AVE NE #354900 SEATTLE, WA 98195 | | DONATION | \$250.00 |
| 01/08/21 | PEDIATRIC INTERIM CARE CENTER 328 4TH AVE S KENT, WA 98032 | | DONATION | \$250.00 |
| 01/08/21 | THE GENESIS PROJECT PO BOX 6449 KENT, WA 98064 | | DONATION | \$250.00 |
| 01/08/21 | OPEN DOORS FOR MULTICULTURAL 24437 RUSSELL RD #110 KENT, WA 98032 | | DONATION | \$250.00 |
| | | | | |

Total from attached pages \$ \$0.00

4. TOTAL CASH EXPENDITURES

Enter also on line 11 of C4 \$ \$1,250.00