

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

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE

100416789

06-16-2011

OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

BAILEY STOB	ER (Citiz∈	ens to Elect E	Bailey Sto	ber)			
Mailing Address 24911 38th	Ave S.				City Kent, WA		
Zip + 4 98032		Office Sought (Cand	L MEMBER	Election Date 2011	*For PACs, Parties & Ca	nmittee mak	e an independent
Report Period	From (last C-	4) To (er	nd of period)	Final Report?	expenditure (i.e., an expens		
Covered	05/01/1	1 05	/31/11	Yes No X	supporting or opposing a sta	te or local ca	<u>indidate</u> ?
RECEIPTS				·	*See next page	Yes	No
Previous to (if beginnin)	otal cash and in kir ig a new campaigr	nd contributions (From n or calendar year, see	n line 8, last C-4) e instruction boo	klet)		\$	3,425.00
2. Cash recei	ved (From line 2,	Schedule A)			\$ 500.00	_	
3. In kind con	tributions received	d (From line 1, Schedu	ıle B)		100.00	_	
4. Total cash	and in kind contrib	outions received this p	eriod (Line 2 plu	ıs 3)			600.00
5. Loan princi	ipal repayments m	ade (From line 2, Sch	edule L)		0.00	_	
6. Corrections	s (From line 1 or 3	, Schedule C)		Show + or	(-) 0.00	_	
7. Net adjustr	nents this period (Combine line 5 & 6)			Show + or (-)		0.00
8. Total cash	and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7)			4,025.00
9. Total pledg	je payments due (From line 2, Schedule	B)	0.00			
EXPENDITURES	3						
10. Previous to (If beginnin	otal cash and in kir ng a new campaigi	nd expenditures (From n or calendar year, se	n line 17, last C-4 e instruction boo	4) klet)			993.99
11. Total cash	expenditures (Fro	m line 4, Schedule A)			508.30)	
12. In kind exp	enditures (goods	& services) (From line	1, Schedule B)		100.00)	
13. Total cash	and in kind expen	ditures made this peri	od (Line 11 plus	line 12)			608.30
14. Loan princi	ipal repayments m	ade (From line 2, Sch	edule L)			<u>)</u>	
15. Corrections	s (From line 2 or 3	, Schedule C)		Show + or	(-) 0.00	<u>)</u>	
16. Net adjustr	ments this period (Combine lines 14 & 1	5)		Show + or (-)		0.00
17. Total cash	and in kind expen	ditures during campai	gn (Combine lin	es 10, 13 and 16)			1,602,29
CANDIDATES O		Name not Unopposed on ballot	CASH SUMM		17)		2,422.71
5					ance(s) plus your petty cash balance.]		
Primary election General election	<u> </u>		19. Liabilities:	(Sum of loans and del	bts owed)		0.00
Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus line 19)			18 minus line 19)		0 400 71		
(200)/09-5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						2,422.71
CERTIFICATION Candidate's Sign		formation herein and on Date	accompanying sch	edules and attachments Treasurer's Signatur	is true and correct to the best of my	y knowledge.	Date
Oanuluale's Sign	alule	Dale		i reasurers Signatur	□		Dale
BAILEY STOE	BER	06	/10/11	Janet Stebbi:	ns		

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A	
(11/93)	

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

Report Date

BAILEY STOBER	(Citizens to	Elect Bailey	Stober)		05/01/11	05/31/11	
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	
05/10/2011	500.00						
2. TOTAL CASH RE	CEIPTS			Enter a	lso on line 2 of C4	\$ 500.	(

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 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)
- If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum 3) 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..
 - Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
 - 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		24.95		
05/01/11	RENTON PRINTERY 315 S 3rd St Renton, WA 98057		Printing		76.00		
05/25/11	RENTON PRINTERY 315 S 3rd St Renton, WA 98057		Printing		142.35		
05/25/11	KENT KIWANIS Golden Steer Kent, WA 98031		Event Sponsorship		265.00		
	•	<u>'</u>	Total from attached pag	jes \$	0.00		

Enter also on line 11 of C4

508.30

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 **B** (11/93)

3

Candidate or Committee Name (Do not abbreviate. Use full name.)
BAILEY STOBER (Citizens to Elect Bailey Stober)

Report Date 05/01/11 0.

05/31/11

1. IN KIND CONTRIBUTIONS RECEIVED (goods, services, discounts, etc.)

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	P R I	G E N	If total over \$100, Employer Name, City,
)5/01/11	RENTON PRINTERY 315 S 3rd St Renton, WA 98057	Printing	100.00	100.00		N	Employer Name, City, State & Occup
		TOTAL THIS PAGE	100.00				