

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

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE

100502968

12-07-2012

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

TOM RASMUSSEN (Tom Rasmussen Surplus Funds) Mailing Address City 603 Stewart St Ste 819 Seattlle, WA Office Sought (Candidates) Zip + 4Election Date *For PACs, Parties & Caucus Committees: During 98101 CITY COUNCIL MEMBER 2011 this report period, did the committee make an independent Report Period From (last C-4) To (end of period) Final Report? expenditure (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate? Covered 11/01/12 11/30/12 Yes X No **RECEIPTS** *See next page Yes No 1. Previous total cash and in kind contributions (From line 8, last C-4) 2. Cash received (From line 2, Schedule A) In kind contributions received (From line 1, Schedule B)..... Total cash and in kind contributions received this period (Line 2 plus 3)...... 0.00 Loan principal repayments made (From line 2, Schedule L)..... Corrections (From line 1 or 3, Schedule C)......Show + or (-) 0.00 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) 12. In kind expenditures (goods & services) (From line 1, Schedule B) 13. Total cash and in kind expenditures made this period (Line 11 plus line 12)..... 95,597,53 14. Loan principal repayments made (From line 2, Schedule L)..... 0.00 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)...... **CANDIDATES ONLY** Name not **CASH SUMMARY** 0.00 Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) [Line 18 should equal your bank account balance(s) plus your petty cash balance.] Primary election 19. Liabilities: (Sum of loans and debts owed) General election Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus line 19) (206)382 - 5552CERTIFICATION: 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 Treasurer's Signature 12/10/12 TOM RASMUSSEN Philip Lloyd

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A	
(11/93)	

11/30/12

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

Report Date

TOM	RASMUSSEN	(Tom Rasmussen	Surplus	Funds)		11/01/12
1.	CASH RECEIPTS	(Contributions) which h	ave been repo	orted on C3.	List each deposit made since last C4 report	t was submitted.

Date of deposit Amount | Date of deposit Amount | Date of deposit Amount Total deposits 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:

- 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

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..
- 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	
11/15/12	FRIENDS OF TOM RASMUSSEN 603 Stewart St #819 Seattle, WA 98101		Transfer to 2015 Campaign Committee	44,905.65
11/13/12	WASHINGTON STATE DEMOCRATIC PO Box 4027 Seattle, WA 98194		Contribution	5,000.00
11/13/12	WEST SEATTLE SENIOR CENTER 4217 SW Oregon St Seattle, WA 98116		Contribution	5,000.00
11/13/12	SOUTHWEST SEATTLE HISTORICAL 3003 61st SW Seattle, WA 98116		Contribution	5,000.00
11/13/12	PRIDE FOUNDATION 1122 E Pike St PMB 1001 Seattle, WA 98122		Contribution	25,000.00
11/15/12	PROJECT ACCOUNTING SERVICES 603 Stewart St Ste 819 Seattle, WA 98101		Accounting/Compliance	637.00
			Total from attached pages	c 10 054 00

Total from attached pages

10,054.88

Enter also on line 11 of C4

95,597.53

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

TOM RASMUSSEN (Tom Rasmussen Surplus Funds)

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Report Date

11/01/12 11/30/12

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
11/15/12	TOM RASMUSSEN OFFICE FUND 600 4th Ave Seattle, WA 98104		Transfer to Office Fund	10,054.88