

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100866698

10-16-2018

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

NORMA SMITH (Friends	of Norma Smith)						
Mailing Address PO Box 270				_	City Clinton, WA		
Zip + 4 98236	Office Sought (Candidates) STATE REPRESENTAT		ction Da L <b>8</b>	ite	*For PACs, Parties & Ca		
Report Period From (last C-4	4) To (end of peri	iod) Fin	al Repoi	rt?	expenditure (i.e., an expens	e not conside	ered a contribution)
Covered 09/01/1	8 10/15/1	8 Yes	. No	х	supporting or opposing a stat	te or local ca	ndidate?
RECEIPTS					*See next page	Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8, la n or calendar year, see instruct	ast C-4) ion booklet)				\$	\$63,539.59
2. Cash received (From line 2, 9	Schedule A)				···· \$ \$64,964.45	-	
3. In kind contributions received	d (From line 1, Schedule B)				\$237.44	-	
4. Total cash and in kind contrib							\$65,201.89
	ade (From line 2, Schedule L).					-	
6. Corrections (From line 1 or 3	, Schedule C)		Show	/ + or (	\$0.00	_	
7. Net adjustments this period (							\$0.00
8. Total cash and in kind contrib	outions during campaign (Com	bine lines 1, 4 &	7)				\$128,741.48
9. Total pledge payments due (	From line 2, Schedule B)		\$0.	.00			
EXPENDITURES							
<ol><li>Previous total cash and in kir (If beginning a new campaigr</li></ol>	nd expenditures (From line 17, n or calendar year, see instruct	last C-4) ion booklet)					\$39,984.40
11. Total cash expenditures (Fro	m line 4, Schedule A)				··· \$1,063.18	<u> </u>	
12. In kind expenditures (goods 8	& services) (From line 1, Sched	dule B)			··· \$237.44	Ŀ	
13. Total cash and in kind expen	ditures made this period (Line	11 plus line 12)					\$1,300.62
14. Loan principal repayments m	ade (From line 2, Schedule L).				\$0.00	<u>)</u>	
15. Corrections (From line 2 or 3	, Schedule C)		Show	/ + or (	\$0.00	<u>)</u>	
16. Net adjustments this period (	Combine lines 14 & 15)				Show + or (-)		\$0.00
17. Total cash and in kind expen	<u> </u>	·	3 and 16	6)			\$41,285.02
CANDIDATES ONLY  Won Lost U		SUMMARY sh on hand (Line	e 8 minu	s line 1	17)		\$87,456.46
Primary election					nce(s) plus your petty cash balance.]		, - ,
General election		oilities: (Sum of	loans a	nd deb	ots owed)		\$0.00
Treasurer's Daytime Telephone No.:  20. Balance (Surplus or deficit) (Line 18 n				18 minus line 19)		\$87,456.46	
CERTIFICATION: I certify that the in:	formation herein and on accompan	ving schedules a	nd attach	ments is	s true and correct to the best of my	knowledge	
Candidate's Signature	Date		ırer's Si			Miowieuge.	Date
NORMA SMITH	10/16/18	B Tom	Perrv	-		1	0/16/18

### CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

NORMA SMITH (Friends of Norma Smith)

09/01/18 10/15/18

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
09/06/2018	\$6,050.00	09/20/2018	\$16,330.00	09/26/2018	\$8,459.45	
09/13/2018	\$5,477.00	09/25/2018	\$2,590.00	10/03/2018	\$4,346.00	
09/17/2018	\$4,502.00	09/28/2018	\$10,310.00	See attached		

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

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		\$348.17
09/26/18	ANEDOT PO Box 84314 Baton Rouge, LA 70884		Credit card fees		\$336.22
09/15/18	USPS 4801 Deer Lake Rd Clinton, WA 98236		PO Box rental		\$214.00
09/17/18	CHEVRON 6335 S Storkson Dr Clinton, WA 98236		Gas		\$56.95
10/01/18	SHELL 5618 Fish Rd Freeland, WA 98249		Gas		\$56.26
10/06/18	COSTCO 1725 S Burlington Blvd Burlington, WA 98233		Gas		\$51.58
	1		Total from attached pag	es \$	\$0.00

Enter also on line 11 of C4

\$1,063.18

## Attachment to Schedule A Additional Deposits

for the period: 09/01/18 10/15/18

3

Name

NORMA SMITH (Friends of Norma Smith)

ate of Deposit	Amount	Date of Deposit	Amount	Date of Deposit	Amour
.0/05/18	\$2,125.00				
0/12/18	\$4,775.00				

# IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

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

4

Candidate or Committee Name (Do not abbreviate. Use full name.)
NORMA SMITH (Friends of Norma Smith)

Report Date

09/01/18 10/15/18

### 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 G R E I N	If total over \$100, Employer Name, City, State & Occup
9/13/18	SCHENK PACKING COMPANY, INC. 1321 S 6th St Mount Vernon, WA 98273	Event food	\$87.50	\$87.50	x	
9/13/18	COYNE JESERNIG LLC 625 Delphi Rd NW Olympia, WA 98502	Rexville Grocery: Event beverages	\$149.94	\$149.94	x	
		TOTAL THIS PAGE	\$237.44			