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 100884658

02-11-2019

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

NORMA SMITH (Friends	of Norma Smith)					
Mailing Address PO Box 270				City Clinton, W	'A	
Zip + 4 98236	Office Sought (Candidates) STATE REPRESENTA:	TIVE	Election Date 2018			icus Committees: During mittee make an independent
Report Period From (last C-4	4) To (end of per	riod)	Final Report?	expenditure (i.e.	, an expense	not considered a contribution)
Covered 01/01/19	9 01/31/1	.9	Yes X No	supporting or opp	osing a state	or local candidate?
RECEIPTS				*See next page		Yes No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8, I n or calendar year, see instruc	ast C-4) tion book	klet)		<u>-</u>	\$ \$147,694.16
2. Cash received (From line 2, §	Schedule A)			\$	\$0.01	
3. In kind contributions received	I (From line 1, Schedule B)				\$0.00	
4. Total cash and in kind contrib	outions received this period (Li	ine 2 plu	s 3)			\$0.01
5. Loan principal repayments m	ade (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)			Sh	ow + or (-)	\$0.00
8. Total cash and in kind contrib	outions during campaign (Com	bine line	es 1, 4 & 7)		 -	\$147,694.17
9. Total pledge payments due (l	From line 2, Schedule B)		\$0.00			
EXPENDITURES						
Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From line 17, n or calendar year, see instruc	, last C-4 tion bool	l) klet)			\$142,030.85
11. Total cash expenditures (Fro	m line 4, Schedule A)				\$383.53	
12. In kind expenditures (goods & services) (From line 1, Schedule B)					\$0.00	
13. Total cash and in kind expend	ditures made this period (Line	11 plus	line 12)			\$383.53
14. Loan principal repayments m	ade (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)			Sh	ow + or (-) _	\$0.00
17. Total cash and in kind expend	ditures during campaign (Com	nbine line	es 10, 13 and 16)			\$142,414.38
CANDIDATES ONLY		SUMMA				*= 0=0 =0
Won Lost U			nd (Line 8 minus line equal your bank account bala			\$5,279.79
Primary election		19. Liabilities: (Sum of loans and debts				\$0.00
Treasurer's Daytime Telephone No.:			40 " "	_		
(253) 988-2455 20. Balance (Surplus or deficit) (Line 18			18 minus line 19)		\$5,279.79	
CERTIFICATION: I certify that the int		nying sch			he best of my l	
Candidate's Signature	Date		Treasurer's Signatu	e		Date
ORMA SMITH 02/11/19 Tom Perry					02/11/19	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A					
(11/93)					

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

Report Date

	(=		,			•
NORMA SMITH (Frie	nds of No	rma Smith)			01/01/19	01/31/19
1. CASH RECEIPTS (Cor	ntributions) whic	h have been reported or	C3. List each dep	oosit made since last C4	report was submitted	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
01/31/2019	\$0.01					
2. TOTAL CASH RECEIPT	ΓS			Enter a	lso on line 2 of C4	\$ \$0.01
CODES EOD CLASSIE	VING EVDEND	TUDES: If one of the fo	lowing codes is use	ad to describe an expens	ditura no other descri	<u> </u>

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)
- 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		\$10.00
01/03/19	USPS 4801 Deer Lake Rd Clinton, WA 98236		Postage		\$206.70
01/31/19	WA STATE DEPARTMENT OF LABOR & PO Box 44000 Olympia, WA 98504		Payroll taxes		\$166.83
			Total from attached page	es \$	\$0.00

Enter also on line 11 of C4

\$383.53