## SUMMARY, FULL REPORT 711 CAPITOL WAY RM 206 **RECEIPTS AND EXPENDITURES** TOLL FREE 1-877-601-2828

PUBLIC

DISCLOSURE COMMISSION

PO BOX 40908

(360) 753-1111

OLYMPIA WA 98504-0908

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

PDC OFFICE USE 100902131

05-08-2019

**C4** 

(3/97)

| JOSEPH F FAIN (Joe Fa  | in Surplus Funds A  | Accoun                  | t)                 |                       |                                       |             |                                     |
|--|---|-------------------------|--------------------|-----------------------|---------------------------------------|-------------|-------------------------------------|
| Mailing Address<br>PO Box 7809   |   |                         |                    | City<br>Covington,    | WA                                    |             |                                     |
| Zip + 4<br>98042   | Office Sought (Candidates)<br>STATE SENATOR                           |                         | Election Date 2018 |                       |                                       |             | mittees: During<br>e an independent |
| Report Period From (last C-4   | 4) To (end of peri  |                         |                    | expenditure (i.e.     | expenditure (i.e., an expense not con |             |                                     |
| Covered 04/01/19   | 9 04/30/1   | 9                       | Yes X No           | supporting or opp     | bosing a state                        | or local ca | ndidate?                            |
| RECEIPTS   |   |                         |                    | *See next page        |                                       | Yes         | No                                  |
| <ol> <li>Previous total cash and in kir<br/>(if beginning a new campaign</li> </ol>  | nd contributions (From line 8, la<br>n or calendar year, see instruct | ast C-4)<br>tion bookle | et)                |                       |                                       | \$          | \$73,997.47                         |
| 2. Cash received (From line 2, S   | \$  | \$0.00                  |                    |                       |                                       |             |                                     |
| 3. In kind contributions received  | 3. In kind contributions received (From line 1, Schedule B)           |                         |                    |                       | \$0.00                                |             |                                     |
| 4. Total cash and in kind contrib  | outions received this period (Lir                                     | ne 2 plus               | 3)                 |                       |                                       |             | \$0.00                              |
| 5. Loan principal repayments m   | 5. Loan principal repayments made (From line 2, Schedule L)           |                         |                    |                       | \$0.00                                |             |                                     |
| 6. Corrections (From line 1 or 3,  | 6. Corrections (From line 1 or 3, Schedule C)Show + or (-             |                         |                    |                       | \$0.00                                |             |                                     |
| 7. Net adjustments this period (   | Combine line 5 & 6)   |                         |                    | Sr                    | now + or (-)                          |             | \$0.00                              |
| 8. Total cash and in kind contrib  |   | <u>-</u>                |                    | \$73,997.47           |                                       |             |                                     |
| 9. Total pledge payments due (I  | 9. Total pledge payments due (From line 2, Schedule B) \$0.00         |                         |                    |                       |                                       |             |                                     |
| EXPENDITURES   |   |                         |                    |                       |                                       |             |                                     |
| 10. Previous total cash and in kin<br>(If beginning a new campaign   | nd expenditures (From line 17,<br>n or calendar year, see instruct    | last C-4)<br>tion bookl | et)                |                       |                                       |             | \$73,979.17                         |
| 11. Total cash expenditures (From line 4, Schedule A)  |   |                         |                    |                       | <u>\$18.30</u>                        |             |                                     |
| 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)  |   |                         |                    |                       |                                       | \$18.30     |                                     |
| 14. Loan principal repayments m  |   | \$0.00                  |                    |                       |                                       |             |                                     |
| 15. Corrections (From line 2 or 3, Schedule C) Show + or (   |   |                         |                    | (-)                   | \$0.00                                |             |                                     |
| 16. Net adjustments this period (Combine lines 14 & 15)  |   |                         |                    |                       |                                       |             | \$0.00                              |
| 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)  |   |                         |                    |                       |                                       |             | \$73,997.47                         |
| CANDIDATES ONLY Name not CASH SUMMARY<br>Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17)  |   |                         |                    |                       |                                       |             | \$0.00                              |
| [Line 18 should equal your bank account balance(s) plus your petty cash balance.]  |   |                         |                    |                       |                                       |             |                                     |
| rimary election  |   |                         |                    |                       |                                       | \$0.00      |                                     |
| Treasurer's Daytime Telephone No.:       20. Balance (Surplus or deficit) (Line 1)         (253)988-2455       20. Balance (Surplus or deficit) (Line 1)                         |   |                         |                    | e 18 minus line 19) . |                                       |             | \$0.00                              |
|  |   |                         |                    |                       | -                                     |             | ÷0.00                               |
| CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is           Candidate's Signature         Date         Treasurer's Signature |   |                         |                    |                       | the best of my                        | knowledge.  | Date                                |
| JOSEPH FAIN  |   |                         |                    |                       |                                       | 0           | 5/08/19                             |

## CASH RECEIPTS AND EXPENDITURE



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

| Candidate of Committee |                     | breviate. Use full flame | ÷.)                  |                         |                      | Coport Date    |    |
|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------|----|
| JOSEPH F FAIN (J       | Joe Fain Su         | rplus Funds Ac           | count)               |                         | 04/01/19             | 04/30/19       |    |
| 1. CASH RECEIPTS (     | Contributions) whic | h have been reported o   | on C3. List each dep | osit made since last C4 | report was submitted | d.             |    |
| Date of deposit        | Amount              | Date of deposit          | Amount               | Date of deposit         | Amount               | Total deposits |    |
|                        |                     |                          |                      |                         |                      |                |    |
|                        |                     |                          |                      |                         |                      |                |    |
|                        |                     |                          |                      |                         |                      |                |    |
|                        |                     |                          |                      |                         |                      | •              |    |
| 2. TOTAL CASH RECE     | EIPTS               |                          |                      | Enter al                | so 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 <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> 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.

C - Contributions (monetary, in-kind & transfers) I - Independent Expenditures

DEFINITIONS ON NEXT PAGE

CODF

- 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

2

Report Date

- 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 <u>\$50 or less</u>, 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<br>(Name and Address)                        | Code | Purpose of Expense<br>and/or Description | Amount       |
|-----------|--|------|--|--------------|
| N/A       | Expenses of \$50 or less   | N/A  | N/A                                      |              |
| 04/01/19  | BANK OF AMERICA<br>1341 Auburn Way N<br>Auburn, WA 98002         |      | Bank fee                                 | \$14.00      |
| 04/08/19  | AUBURN VALLEY HUMANE SOCIETY<br>4910 A St SE<br>Auburn, WA 98092 |      | Donation                                 | \$4.30       |
|           |  |      |  |              |
|           |  |      |  |              |
|           |  |      |  |              |
|           |  |      |  |              |
|           |  |      | Total from attached pages                | \$<br>\$0.00 |

4. TOTAL CASH EXPENDITURES