

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100908659

06-10-2019

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

| MILY RANDALL (RANDAL  | L EMILY E SUR                                 | PLUS ACCT                            | ')  |                      |                      |  |
|---|---|--------------------------------------|---|----------------------|----------------------|--|
| Mailing Address<br>O BOX 12066  | City<br>SEATTLE,                              |                                      |   |                      |                      |  |
| Zip + 4<br>8102   | Office Sought (Cand                           | idates)                              | Election Date 2023                                  |                      |                      | us Committees: During ttee make an independent |
| Report Period From (last C-4  | To (en  | d of period)                         | Final Report?                                       | expenditure (i.e., a | n expense no         | ot considered a contribution)                  |
| Covered 05/01/19  | 05  | /31/19                               | Yes No X  | supporting or oppos  | <u>ing a state o</u> | r local candidate?                             |
| RECEIPTS  |   |                                      |   | *See next page       | ١                    | res No   |
| Previous total cash and in kin<br>(if beginning a new campaign                    | d contributions (From or calendar year, see   | line 8, last C-4)<br>instruction boo | )<br>klet)  |                      | ······ <u>\$</u>     | \$45,000.00                                    |
| 2. Cash received (From line 2, S  | Schedule A)                                   |                                      |   | \$                   | \$0.00               |  |
| 3. In kind contributions received   | (From line 1, Schedu                          | le B)                                |   |                      | \$0.00               |  |
| 4. Total cash and in kind contrib   | utions received this p                        | eriod (Line 2 plu                    | ıs 3)   |                      | <u> </u>             | \$0.00   |
| 5. Loan principal repayments ma   | ade (From line 2, Sch                         | edule L)                             |   |                      | \$0.00               |  |
| 6. Corrections (From line 1 or 3,   | Schedule C)                                   |                                      | Show + or (   | (-)                  | \$0.00               |  |
| 7. Net adjustments this period (0   | Combine line 5 & 6)                           |                                      |   | Show                 | / + or (-)           | \$0.00   |
| 8. Total cash and in kind contrib   | utions during campaiç                         | gn (Combine line                     | es 1, 4 & 7)  |                      | <u> </u>             | \$45,000.00                                    |
| 9. Total pledge payments due (F   | rom line 2, Schedule                          | B)                                   | \$0.00  |                      |                      |  |
| EXPENDITURES  |   |                                      |   |                      |                      |  |
| <ol><li>Previous total cash and in kin<br/>(If beginning a new campaign</li></ol> | d expenditures (From<br>or calendar year, see | line 17, last C-4<br>instruction boo | 4)<br>klet)   |                      | <u> </u>             | \$2,076.88                                     |
| 11. Total cash expenditures (From line 4, Schedule A)                             |   |                                      |   |                      | 226.00               |  |
| 12. In kind expenditures (goods 8   |   | \$0.00                               |   |                      |                      |  |
| 13. Total cash and in kind expend   | ditures made this perio                       | od (Line 11 plus                     | line 12)  |                      | <u> </u>             | \$226.00                                       |
| 14. Loan principal repayments ma  | ade (From line 2, Sch                         | edule L)                             |   |                      | \$0.00               |  |
| 15. Corrections (From line 2 or 3,  | Schedule C)                                   |                                      | Show + or (   | (-)                  | \$0.00               |  |
| 16. Net adjustments this period (0  | Combine lines 14 & 15                         | 5)                                   |   | Show                 | / + or (-)           | \$0.00   |
| 17. Total cash and in kind expend   | ditures during campai                         | gn (Combine line                     | es 10, 13 and 16)                                   |                      |                      | \$2,302.88                                     |
| CANDIDATES ONLY   | Name not                                      | CASH SUMMA                           |   |                      |                      |  |
|   | Inopposed on ballot                           |                                      | and (Line 8 minus line equal your bank account bala |                      |                      | \$42,697.12                                    |
| Primary election  | H H   | 19. Liabilities:                     | (Sum of loans and deb                               | ots owed)            |                      | <b>\$0.00</b>                                  |
| Treasurer's Daytime Telephone N   | o.:   |                                      |   |                      |                      | \$0.00   |
|   |   | 20. Balance (S                       | surplus or deficit) (Line                           | 18 minus line 19)    | <u> </u>             | \$42,697.12                                    |
| CERTIFICATION: I certify that the infe  |   | accompanying sch                     |   |                      | best of my kno       |  |
| Candidate's Signature   | Date  |                                      | Treasurer's Signatur                                | е                    |                      | Date   |
| MILY RANDALL  | 06/   | /10/19                               |   |                      |                      | 06/10/19                                       |

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

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

Report Date

| Candidate of Confinite Name (Do not appreviate. Ose full hame.) |                       |                                 |                    | 110                      | Roport Bato                           |                    |  |
|---|-----------------------|---------------------------------|--------------------|--------------------------|---------------------------------------|--------------------|--|
| EMILY RANDALL   | (RANDALL EMI          | LY E SURPLUS AC                 | CT)                |                          | 05/01/19                              | 05/31/19           |  |
| 1. CASH RECEIPTS  | (Contributions) which | h have been reported on         | C3. List each dep  | osit made since last C4  | report was submitted.                 |                    |  |
| Date of deposit   | Amount                | Date of deposit                 | Amount             | Date of deposit          | Amount                                | Total deposits     |  |
|   |                       |                                 |                    |                          |                                       |                    |  |
|   |                       |                                 |                    |                          |                                       |                    |  |
|   |                       |                                 |                    |                          |                                       |                    |  |
| 2. TOTAL CASH RE  | CEIDTS                |                                 |                    | Entor all                | so on line 2 of C4                    |                    |  |
| Z. TOTAL CASITIKE   | OLIF 13               |                                 |                    | Litter as                | 50 UIT III le 2 UI C4 _ <del>- </del> | <u>\$0.0</u> 0     |  |
| CODES FOR CLA   |                       | ITURES: If one of the following | owing codes is use | ed to describe an expend | liture, no other descrip              | otion 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)
- 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..
- 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  |           |
| 05/29/19  | EMILY RANDALL<br>615 HIGH AVE<br>BREMERTON, 98337 |      | 26TH DISTRICT DEMS (PORT ORCHARD) - DONATION FOR EVENT SPONSORSHIP | \$226.00  |
|           |   |      |  |           |
|           |   |      |  |           |
|           |   |      |  |           |
|           |   |      |  |           |
|           |   |      |  |           |
|           |   |      |  |           |
|           |   |      | Total from attached pages  | \$ \$0.00 |

Enter also on line 11 of C4

\$226.00