

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100971637

06-01-2020

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

| JAMIE D PEDERSEN (PEO | PLE FOR PEDERSE | 1) | | | | | | | |
|---|--|------------------------------|-----------------------|--------|-------------|---------------------------|-----------------|-------------------------|--|
| Mailing Address 815 1ST AVE #111 | | | | | | City SEATTLE, WA | | | |
| Zip + 4 Office Sought (Candidates) 98104 STATE SENATOR | | | Electi 2022 | on Da | te | *For PACs, Parties & | | | |
| Report Period From (last C-4 | To (end of | period) | Final | Repor | t? | expenditure (i.e., an exp | ense not cons | sidered a contribution) | |
| Covered 05/01/20 | 0 05/31 | /20 | Yes | No | x | supporting or opposing a | state or local | candidate? | |
| RECEIPTS | | | 1 | | ' | *See next page | Yes | No | |
| Previous total cash and in kir (if beginning a new campaign | nd contributions (From line or calendar year, see inst | 8, last C-4) ruction book | :let) | | | | ······ \$ | \$19,230.50 | |
| 2. Cash received (From line 2, § | Schedule A) | | | | | ··· \$ \$0. | 00_ | | |
| 3. In kind contributions received | (From line 1, Schedule B) | | | | | ··· \$0. | 00_ | | |
| 4. Total cash and in kind contrib | outions received this period | (Line 2 plus | s 3) | | | | | \$0.00 | |
| 5. Loan principal repayments m | | | | | | | 00 | | |
| 6. Corrections (From line 1 or 3, | , Schedule C) | | | . Show | + or (| -) \$0. | 00_ | | |
| 7. Net adjustments this period (| Combine line 5 & 6) | | | | | Show + o | . (-) | \$0.00 | |
| 8. Total cash and in kind contrib | outions during campaign (C | ombine line | s 1, 4 & 7 | ") | | | | \$19,230.50 | |
| 9. Total pledge payments due (I | From line 2, Schedule B) | | | \$0. | 00 | | | | |
| EXPENDITURES | | | | | | | | | |
| Previous total cash and in kin (If beginning a new campaign | nd expenditures (From line n or calendar year, see inst | 17, last C-4 ruction book |) det) | | | | | \$786.20 | |
| 11. Total cash expenditures (From | m line 4, Schedule A) | | | | | ··· \$110 | .09 | | |
| 12. In kind expenditures (goods 8 | & services) (From line 1, So | chedule B) | | | | ··· <u> </u> | .00 | | |
| 13. Total cash and in kind expend | ditures made this period (L | ine 11 plus | ine 12) | | | | | \$110.09 | |
| 14. Loan principal repayments m | ade (From line 2, Schedule | e 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) | | | | | Show + o | . (-) | \$0.00 | |
| 17. Total cash and in kind expend | | | | and 16 |) | | | \$896.29 | |
| CANDIDATES ONLY Name not Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) | | | | 17) | | \$18,334.21 | | | |
| | [Line 18 should equal your bank account balance(s) plus | | | | | | Q107551.21 | | |
| General election | nary election | | | | ots owed) | | \$0.00 | | |
| Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 1) (206) 757-8578 | | | 18 minus line 19) | | \$18,334.21 | | | | |
| | | | | | | | | - | |
| CERTIFICATION: I certify that the info | formation herein and on accon Date | npanying sche | dules and Treasure | | | | ot my knowledge | Date | |
| JAMIE PEDERSEN | | | | DO | | | 06/01/20 | | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

| 3) | |
|----|--|

| Candidate or Committee Name (Do not abbreviate. Use full name.) | | | | Report Date | | |
|---|-------------------|----------------------------|--------------------|----------------------------|--------------------------|--------------------|
| JAMIE D PEDERSEN | (PEOPLE FO | OR PEDERSEN) | | | 05/01/20 | 05/31/20 |
| 1. CASH RECEIPTS (Co | ntributions) whic | h have been reported on | C3. List each dep | oosit made since last C4 i | report was submitted. | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. TOTAL CASH RECEIP | PTS | | | Enter als | so on line 2 of C4 | \$0.00 |
| CODES FOR CLASSIF | | TURES: If one of the follo | owing codes is use | ed to describe an expend | liture, no other descrip | otion is generally |

- 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 | |
| 05/21/20 | MICROSOFT 1 MICROSOFT WAY REDMOND, WA 98052 | | Software subscription | \$110.09 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total from attached page | |

Total from attached pages

\$0.00

Enter also on line 11 of C4

\$110.09