| PUBLIC | DISCLOSURE COMMISSION |
|---------|--------------------------|
| (asses) | 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



PDC OFFICE USE 100975146

06-10-2020

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

| (ELECT JESSE SALOMON) | | | | | |
|---|---|--|--------------------------|---|---|
| Mailing Address PO BOX 75112 | | | | City SEATTLE, WA | |
| Zip + 4 98175 | Office Sought (Cano STATE SENATO | | Election Date 2022 | *For PACs, Parties & Cat this report period, did the com | ucus Committees: During Imittee make an <u>independent</u> |
| Report Period From (last C-4 | 4) To (er | nd of period) | Final Report? | expenditure (i.e., an expense | e not considered a contribution) |
| Covered 05/01/20 | 0 05 | /31/20 | Yes No X | supporting or opposing a state | e or local candidate? |
| RECEIPTS | | | | *See next page | Yes No |
| Previous total cash and in kir (if beginning a new campaign | nd contributions (From or calendar year, see | n line 8, last C-4) e instruction boo | klet) | | \$\$27,263.39 |
| 2. Cash received (From line 2, S | Schedule A) | | | ····· <u>\$</u> \$0.00 | |
| 3. In kind contributions received | (From line 1, Schedu | ıle B) | | \$0.00 | |
| 4. Total cash and in kind contrib | outions received this p | period (Line 2 plu | ıs 3) | | \$0.00 |
| 5. Loan principal repayments m | 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 (| Combine line 5 & 6) | | | Show + or (-) | \$0.00 |
| 8. Total cash and in kind contrib | outions during campai | gn (Combine line | es 1, 4 & 7) | | \$27,263.39 |
| 9. Total pledge payments due (I | From line 2, Schedule | e B) | \$0.00 | | |
| EXPENDITURES | | · | • · | | |
| 10. Previous total cash and in kin (If beginning a new campaigr | nd expenditures (From n or calendar year, se | n line 17, last C-4 e instruction boo | 4) klet) | | \$23,713.30 |
| 11. Total cash expenditures (From | m line 4, Schedule A) | | | \$0.00 | |
| 12. In kind expenditures (goods & | & services) (From line | 1, Schedule B). | | \$0.00 | |
| 13. Total cash and in kind expend | ditures made this peri | od (Line 11 plus | line 12) | | \$0.00 |
| 14. Loan principal repayments m | 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 (| Combine lines 14 & 1 | 5) | | Show + or (-) | \$0.00 |
| 17. Total cash and in kind expend | ditures during campai | gn (Combine line | es 10, 13 and 16) | | \$23,713.30 |
| CANDIDATES ONLY Won Lost L | Name not Jnopposed on ballot | CASH SUMMA | | 17) | \$3,550.09 |
| Primary election | | | | nce(s) plus your petty cash balance.] | +0/000002 |
| General election | | 19. Liabilities: | (Sum of loans and del | ots owed) | \$0.00 |
| Treasurer's Daytime Telephone N | lo.: | 00 Delense (0 | undus en defició) (Line | 40 minus line 40) | • • • • |
| (206)678-7328 | | ∠u. Balance (S | urplus or deficit) (Line | 18 minus line 19) | \$3,550.09 |
| CERTIFICATION: I certify that the inf | | accompanying sch | | | |
| Candidate's Signature | Date | | Treasurer's Signatur | е | Date |
| JESSE SALOMON | 06 | /10/20 | JAY PETTERSO | N | 06/10/20 |

CASH RECEIPTS AND EXPENDITURE



| Candidate or Comm | littee Name (Do not ab | breviate. Use fuil name.) | | | KI KI | epon Date |
|-------------------|--------------------------|---------------------------|-------------------|--------------------------|-----------------------|---------------------|
| (ELECT JESSE | SALOMON) | | | | 05/01/20 | 05/31/20 |
| 1. CASH RECEIPT | TS (Contributions) whice | h have been reported on | 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 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. TOTAL CASH R | RECEIPTS | | | Enter a | lso on line 2 of C4 | ⁵ \$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 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.
 - C Contributions (monetary, in-kind & transfers)

CODE DEFINITIONS ON NEXT PAGE

- 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 | A | mount |
|-----------|---|------|--|-------|-------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
| | | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |
| | | | Total from attached pag | es \$ | \$0.0 |

4. TOTAL CASH EXPENDITURES