PUBLIC DISC	LOSURE COMMISSION	SUMMARY	, FULL REP	ORT			PDC OFFICE USE
	711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111	RECEIPTS	AND		(3/97)	• ·	101006413
Candidate or Comm	TOLL FREE 1-877-601-2828 ittee Name (Do not abbreviate				. ,	- :	10-13-2020
Emily Randall							
Mailing Address PO Box 1883	_			City Port Orchar	d, WA		
Zip + 4	Office Sought	(Candidates)	Election Date	*For PACs. Part	ties & Ca	ucus Cor	nmittees: During
98366	STATE SE		2022	this report period, o	did the com	mittee ma	ke an independent
Report Period Covered		To (end of period)	Final Report?	expenditure (i.e., supporting or oppo			dered a contribution)
	09/01/20	09/30/20	Yes No X	<u>supporting or oppo</u>	ong a olar		
RECEIPTS				*See next page		Yes	No
1. Previous total	cash and in kind contributions	(From line 8, last C-4)					
(if beginning a	a new campaign or calendar ye	ear, see instruction bool	klet)			\$	\$21,997.92
2. Cash received	d (From line 2, Schedule A)			<u>\$</u> \$2,3	370.00		
3. In kind contrib	outions received (From line 1, S	Schedule B)			\$0.00		
4. Total cash and	d in kind contributions received	d this period (Line 2 plu	s 3)				\$2,370.00
5. Loan principal	I repayments made (From line	2, Schedule L)			\$0.00		
6. Corrections (F	From line 1 or 3, Schedule C)		Show + or (-)	\$0.00		
7. Net adjustmer	nts this period (Combine line 5	& 6)		Sho	w + or (-)		\$0.00
8. Total cash and	d in kind contributions during c	ampaign (Combine line	es 1, 4 & 7)				\$24,367.92
9. Total pledge p	payments due (From line 2, Sc	hedule B)	\$0.00				
EXPENDITURES			· · ·				
10. Previous total (If beginning a	cash and in kind expenditures a new campaign or calendar ye	(From line 17, last C-4 ear, see instruction bool	.) klet)				\$17,011.83
11. Total cash exp	penditures (From line 4, Scheo	lule A)		\$1,	152.76		
12. In kind expend	ditures (goods & services) (Fro	om line 1, Schedule B) .			\$0.00		
13. Total cash and	d in kind expenditures made th	nis period (Line 11 plus	line 12)				\$1,152.76
14. Loan principal	I repayments made (From line	2, Schedule L)			\$0.00		
15. Corrections (F	From line 2 or 3, Schedule C)		Show + or (-)	\$0.00		
16. Net adjustmer	nts this period (Combine lines	14 & 15)		Sho	w + or (-)		\$0.00
17. Total cash and	d in kind expenditures during c	ampaign (Combine line	es 10, 13 and 16)				\$18,164.59
CANDIDATES ONL		e not CASH SUMMA					\$10,104.39
W	/on Lost Unopposed on		nd (Line 8 minus line 1				\$6,203.33
Primary election			equal your bank account balar (Sum of loans and deb		-		\$0.00
Treasurer's Daytim	e Telephone No.:				-		<u>20.00</u>
(206)218-31	08	20. Balance (Si	urplus or deficit) (Line 7	18 minus line 19)			\$6,203.33
CERTIFICATION:	certify that the information herein a	and on accompanying sch	edules and attachments is	true and correct to the	e best of my	knowledge.	

CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.						
Candidate's Signature	Date	Treasurer's Signature	Date			
Emily Randall	10/13/20	Abbot Taylor	10/13/20			

CASH RECEIPTS AND EXPENDITURE



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

	(=		-)			•	
Emily Randall	(Emily Randa)	ll for Senate)			09/01/20)	09/30/20
1. CASH RECEIPTS	6 (Contributions) whic	h have been reported o	n C3. List each dep	oosit made since last C4	report was submitte	d.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Тс	otal deposits
09/08/2020	\$200.00	09/30/2020	\$20.00				
09/21/2020	\$150.00						
09/28/2020	\$2,000.00						
2. TOTAL CASH RECEIPTS Enter also on line 2 of C4					\$	\$2,370.00	

TOTAL CASH RECEIPTS 2.

> 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:

- 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.

C - Contributions (monetary, in-kind & transfers)

CODF 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

2 Report Date

- 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		\$62.77
09/03/20	NGP VAN, Inc. PO Box 392264 Pittsburgh, PA 15251-9264	G	Data Services		\$1,089.99
		I	Total from attached page	s \$	\$0.00

4. TOTAL CASH EXPENDITURES