PUBLIC DISCLOSURE COMMISSION 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

C4(3/97)

PDC OFFICE USE 110014359

04-05-2021

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

| (Committee to Retain Judge Elisab | eth Tutsch) | | | | | | | |
|---|--|--|---------|--------------|----------------------|-------------------|-----------------|--------------------------------|
| Mailing Address 302 N. Third Street, Suite 101 | | | | | City Yakima, | WA | | |
| Zip + 4 Office Sought (Ca 98902 | ndidates) | Electi 2021 | on Dat | | | | | nittees: During an independent |
| • | (end of period) | Final | Report | ? | expenditure | (i.e., an expense | e not consider | ed a contribution) |
| Covered 03/01/21 0 | 3/31/21 | Yes | No | x | supporting o | r opposing a stat | e or local cand | <u>didate</u> ? |
| RECEIPTS | | • | | | *See next pa | age | Yes | No |
| Previous total cash and in kind contributions (Fro (if beginning a new campaign or calendar year, s | om line 8, last C-4) see instruction bool | klet) | | | | | \$ | \$0.00 |
| 2. Cash received (From line 2, Schedule A) | | | | | ·\$ | \$645.90 | - | |
| 3. In kind contributions received (From line 1, Sche | dule B) | | | | | \$0.00 | - | |
| 4. Total cash and in kind contributions received this | | | | | | | | \$645.90 |
| 5. Loan principal repayments made (From line 2, S | | | | | | | - | |
| 6. Corrections (From line 1 or 3, Schedule C) | | | . Show | + or (-) | | \$0.00 | - | |
| 7. Net adjustments this period (Combine line 5 & 6) | | | | | | | | \$0.00 |
| 8. Total cash and in kind contributions during camp | paign (Combine line | es 1, 4 & 7 |) | | | | | \$645.90 |
| 9. Total pledge payments due (From line 2, Schedu | ule B) | | \$0. | 00 | | | | |
| EXPENDITURES | | | | | | | | |
| Previous total cash and in kind expenditures (Fre (If beginning a new campaign or calendar year, s | om line 17, last C-4 see instruction bool | l) klet) | | | | | | \$0.00 |
| 11. Total cash expenditures (From line 4, Schedule | A) | | | | | \$0.00 | <u>1</u> | |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) | | | | • | \$0.00 | 1 | | |
| 13. Total cash and in kind expenditures made this po | eriod (Line 11 plus | line 12) | | | | | | \$0.00 |
| 14. Loan principal repayments made (From line 2, S | chedule L) | | | | | \$0.00 | <u>)</u> | |
| 15. Corrections (From line 2 or 3, Schedule C) | | | . Show | + or (-) | | \$0.00 | <u>)</u> | |
| 16. Net adjustments this period (Combine lines 14 & | 15) | | | | | Show + or (-) | | \$0.00 |
| 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16) | | | | | | | \$0.00 | |
| CANDIDATES ONLY Name not Won Lost Unopposed on ballo | | | l minus | line 1 | 7) | | | \$645.90 |
| | | 18. Cash on hand (Line 8 minus line 17) | | | | | | |
| Primary election | 19. Liabilities: | 19. Liabilities: (Sum of loans and debts owed) | | | | | | \$0.00 |
| Treasurer's Daytime Telephone No.: 15099490218 | 20. Balance (Surplus or deficit) (Line 1 | | | 8 minus line | 19) | | \$645.90 | |
| | | | | | | | | ¥043.30 |
| CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is Candidate's Signature Date Treasurer's Signature | | | | | ct to the best of my | knowledge. | Date | |
| · · | 4/05/21 | Grea 1 | · | | | | 04 | /05/21 |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

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| 2 |
|---|
| 4 |

| Candidate or Committee | Name (Do not ab | breviate. Use full name. |) | | R | eport Date |
|------------------------|----------------------|--|-------------------|-------------------------|----------------------|---------------------|
| (Committee to R | etain Judge | Elisabeth Tuts | ch) | | 03/01/21 | 03/31/21 |
| 1. CASH RECEIPTS (| Contributions) which | h have been reported or | 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 |
| 03/31/2021 | \$645.90 | | | | | |
| 2. TOTAL CASH RECE | EIPTS | | | Enter al | so on line 2 of C4 | \$ <u>\$645.9</u> 0 |
| needed. The except | ions are: | ITURES: If one of the folked contributions to a ca | · · | • | | |

- 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.

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

Enter also on line 11 of C4

\$0.00

- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services
- W Wages, Salaries, Benefits G - General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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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| | | | Total from attached pag | es \$ | \$0.00 |