

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 110015157

04-09-2021

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

Friends of Greg Gilda	у)									
Mailing Address City P.O. Box 1472 Stanwood, WA										
Zip + 4 98292	Office Sought (Candidates) STATE REPRESENTA		Election Date 2022			*For PACs, Parties & Caucus C this report period, did the committee n				
Report Period From (last C-4	To (end of pe	riod)	Final F	Report?	,	expenditure (i.e., an expense not cons		e not consid	ered a contribution)	
Covered 03/01/23	03/31/2	21	Yes	No 3	ζ	supporting or op	posing a state	e or local ca	indidate?	
RECEIPTS						*See next page		Yes	No	
Previous total cash and in kin (if beginning a new campaign	nd contributions (From line 8, or calendar year, see instruc	last C-4) ction booklet)						\$	\$3,889.69	
2. Cash received (From line 2, S	Schedule A)					·· _ \$	\$0.00			
3. In kind contributions received	3. In kind contributions received (From line 1, Schedule B)						\$0.00			
4. Total cash and in kind contrib	outions received this period (L	ine 2 plus 3)							\$0.00	
5. Loan principal repayments ma	5. Loan principal repayments made (From line 2, Schedule 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)					S	Show + or (-)		\$0.00	
8. Total cash and in kind contrib	outions during campaign (Con	nbine lines 1,	, 4 & 7)						\$3,889.69	
9. Total pledge payments due (F	From line 2, Schedule B)			\$0.0	0					
EXPENDITURES										
Previous total cash and in kin (If beginning a new campaign	nd expenditures (From line 17 n or calendar year, see instruc	', last C-4) ction booklet)							\$881.11	
11. Total cash expenditures (From	m line 4, Schedule A)					··	\$355.56			
12. In kind expenditures (goods & services) (From line 1, Schedule B)							\$0.00			
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)							\$355.56			
14. Loan principal repayments ma	ade (From line 2, Schedule L)					\$0.00			
15. Corrections (From line 2 or 3, Schedule C))	\$0.00				
16. Net adjustments this period (Combine lines 14 & 15)							\$0.00			
17. Total cash and in kind expend	ditures during campaign (Cor	mbine lines 1	0, 13 a	nd 16).					\$1,236.67	
CANDIDATES ONLY Won Lost U		SUMMARY	'l in a O	minua	lina 1º	7)			\$2,653.02	
						7) ce(s) plus your petty of			<u> </u>	
Primary election						\$5,000.00				
Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus line 19)										
(253)220-5590	20. Ba	iiance (Surpli	us or de	encit) (l	∟ine 1	o minus line 19)			(\$2,346.98)	
CERTIFICATION: I certify that the inf	ormation herein and on accompa						the best of my	knowledge.		
Candidate's Signature	Date	Tre	easure	r's Sigr	ature				Date	
GREGORY L. GILDAY 04/09/21 Jason Michaud							0	4/09/21		

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

(Friends of Greg	Gilday)				03/01/21	03/31/21
1. CASH RECEIPTS (C	ontributions) whic	h have been reported or	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 RECEI	PTS			I Enter al	so on line 2 of C4	\$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.

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

Enter also on line 11 of C4

\$355.56

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		Amount
N/A	Expenses of \$50 or less	N/A	N/A		\$28.56
03/09/21	SOUND PUBLISHING 11323 Commando Rd. W. Everett, WA 98204		Subscription		\$59.00
03/05/21	UNITED STATES POSTAL SERVICE 9229 271ST ST. NW STANWOOD, WA 98292		PO Box Renewal		\$118.00
03/07/21	ELECT NORTHWEST PO BOX 581 TACOMA, WA 98401		Treasury Services		\$150.00
		<u> </u>	Total from attached pag	es \$	\$0.00

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 B

3

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends of Greg Gilday)

Report Date 03/01/21 03/31/21

3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and Address	Amount Owed C	ode OR Description of Obligation
1/01/2021	AB HAYS, LLC PO BOX 2101 TACOMA WA, 98401	5000.00	Carry Forward Debt
	TOTAL THIS I		