| PO BOX 40 OLYMPIA (360) 753-1 | OL WAY RM 206 908 VA 98504-0908 | SUMMARY RECEIPTS EXPENDIT | C4 (3/97) | | |
|---|---------------------------------------|---------------------------------|--------------------|--|---------------|
| Candidate or Committee Name (D | | Include full name) | | | |
| (DEBRA ENTENMAN SURPL Mailing Address 11604 SE 221ST ST | US FUNDS) | | | City KENT , WA | |
| Zip + 4 98031 | Office Sought (STATE REE | Candidates) PRESENTATIVE | Election Date 2020 | *For PACs, Part this report period, c | |
| Report Period From (last C | -4) 7 | o (end of period) | Final Report? | expenditure (i.e., a | an expense no |

PDC OFFICE USE

05-06-2021

| Zip + 4 98031 | | Office Sought (Cano STATE REPRES | , | Election Date 2020 | *For PACs, Parties & Cau this report period, did the com | |
|----------------------------------|---|---|--|---------------------------|---|----------------------------------|
| Report Period | From (last C-4 | 1) To (ei | nd of period) | Final Report? | expenditure (i.e., an expense | e not considered a contribution) |
| Covered | 04/01/22 | L 04 | /30/21 | Yes No X | supporting or opposing a state | e or local candidate? |
| RECEIPTS | | | | • | *See next page | Yes No |
| 1. Previous to (if beginning | tal cash and in kir g a new campaign | nd contributions (From or calendar year, se | n line 8, last C-4 e instruction bo | l) oklet) | | \$ \$31,500.00 |
| 2. Cash receiv | ved (From line 2, § | Schedule A) | | | \$ \$0.00 | |
| 3. In kind cont | tributions received | (From line 1, Schedu | ıle B) | | \$0.00 | |
| 4. Total cash a | and in kind contrib | outions received this p | period (Line 2 pl | lus 3) | | \$0.00 |
| 5. Loan princip | pal 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 adjustm | nents this period (| Combine line 5 & 6) | | | Show + or (-) | \$0.00 |
| 8. Total cash a | and in kind contrib | outions during campai | gn (Combine lir | nes 1, 4 & 7) | | \$31,500.00 |
| 9. Total pledge | e payments due (I | From line 2, Schedule | e B) | \$0.00 | | |
| EXPENDITURES | | | | | | |
| 10. Previous to (If beginning | tal cash and in kin g a new campaigr | nd expenditures (Fron n or calendar year, se | n line 17, last C- e instruction bo | -4) oklet) | | \$6,757.14 |
| 11. Total cash e | expenditures (Fro | m line 4, Schedule A) | | | \$1,250.00 | |
| 12. In kind expe | enditures (goods & | & services) (From line | 1, Schedule B) |) | \$0.00 | |
| 13. Total cash a | and in kind expen | ditures made this per | od (Line 11 plu | s line 12) | | \$1,250.00 |
| 14. Loan princip | pal 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 adjustm | nents this period (| Combine lines 14 & 1 | 5) | | Show + or (-) | \$0.00 |
| 17. Total cash a | and in kind expen | ditures during campa | ign (Combine lir | nes 10, 13 and 16) | | \$8,007.14 |
| CANDIDATES ON | | Name not | CASH SUMM | | (-) | 400 400 0C |
| | Won Lost L | Jnopposed on ballot | | | 17) | \$23,492.86 |
| Primary election | | | | | | |
| General election | | | 19. Liabilities: | (Sum of loans and de | bts owed) | \$0.00 |
| Treasurer's Dayt (206)682-7 | | 10.: | 20. Balance (S | Surplus or deficit) (Line | 18 minus line 19) | \$23,492.86 |
| CERTIFICATION | I certify that the inf | formation bergin and an | accompanying co | hadulas and attachments | is true and correct to the best of my | |
| Candidate's Signa | | Date | accompanying St | Treasurer's Signatur | | Date |
| DEBRA ENTEN | MAN | 05 | /06/21 | JOSIE OLSEN | | 05/06/21 |

CASH RECEIPTS AND EXPENDITURE



| Candidate or Committee N | lame (Do not abl | breviate. Use full name.) | | | Re | eport Date |
|--------------------------|--------------------|-----------------------------|---------------|---------------------------|----------------------|----------------|
| (DEBRA ENTENMAN S | SURPLUS FUN | NDS) | | | 04/01/21 | 04/30/21 |
| 1. CASH RECEIPTS (Co | ontributions) whic | h have been reported on C3. | List each dep | osit made since last C4 r | eport was submitted. | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. TOTAL CASH RECEIF | PTS | | | Enter als | so on line 2 of C4 | 5 <u>30</u> 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:

CODF

DEFINITIONS

ON NEXT PAGE

- 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) 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

2

- 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 | Ar | nount |
|-----------|---|------|--|----|----------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
| 04/22/21 | NORTHWEST KIDNEY CENTERS 700 Broadway Seattle, WA 98122 | | Charitable Contribution | | \$250.00 |
| 04/22/21 | SOUTH KING COUNTY DISCIPLINE 1225 S Weller St Ste 420 Seattle, WA 98144 | | Charitable Contribution | | \$500.00 |
| 04/26/21 | NORTHWEST AFRICAN AMERICAN 2300 S Massachusetts St Seattle, WA 98144 | | Charitable Contribution | | \$250.00 |
| 04/26/21 | WING LUKE MUSEUM 719 S King St Seattle, WA 98104 | | Charitable Contrbution | | \$250.00 |
| | | | | | |
| | | | | | |
| | | | Total from attached pages | \$ | \$0.00 |

4. TOTAL CASH EXPENDITURES