

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 110038313

08-03-2021

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

| JAMIE D PEDERSEN (PE | DERSEN JAMIE D | SURPLUS . | ACCT) | | | | |
|---|--|-----------------------------------|------------------------|--------------------------|-------------------------|----------------------------------|---|
| Mailing Address 815 1ST AVE #111 | | | | City SEATTLE , | | | |
| Zip + 4 98104 | | | | | ucus Committees: During | | |
| Report Period From (last C- | -4) To (end | of period) | Final Report? | expenditure (i.e | e., an expense | e not considered a contribution) | |
| Covered 07/01/2 | 1 07/3 | 31/21 | Yes X No | supporting or op | posing a state | e or local candidate? | |
| RECEIPTS | | | , | *See next page | | Yes No | |
| Previous total cash and in ki (if beginning a new campaig | nd contributions (From lir n or calendar year, see ir | ne 8, last C-4) estruction boo | klet) | | | \$ \$492,721.26 | |
| 2. Cash received (From line 2, | Schedule A) | | | \$ | \$0.00 | | |
| 3. In kind contributions received | d (From line 1, Schedule | B) | | | \$0.00 | | |
| 4. Total cash and in kind contri | butions received this peri | od (Line 2 plu | s 3) | | | \$0.00 | |
| 5. Loan principal repayments n | nade (From line 2, Sched | ule L) | | | \$0.00 | | |
| 6. Corrections (From line 1 or 3 | 3, Schedule C) | | Show + or | (-) | \$0.00 | | |
| 7. Net adjustments this period | (Combine line 5 & 6) | | | S | how + or (-) | \$0.00 | |
| 8. Total cash and in kind contri | butions during campaign | (Combine line | es 1, 4 & 7) | | | \$492,721.26 | |
| 9. Total pledge payments due | (From line 2, Schedule B) |) | \$0.00 | | | | |
| EXPENDITURES | | | | | | | |
| Previous total cash and in ki (If beginning a new campaig | nd expenditures (From lir in or calendar year, see ir | ne 17, last C-4 nstruction boo | 1) klet) | | | \$464,955.58 | |
| 11. Total cash expenditures (Fro | om 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 expenditures made this period (Line 11 plus line 12) | | | | | \$0.00 | | |
| 14. Loan principal repayments made (From line 2, Schedule L) | | | | | | | |
| 15. Corrections (From line 2 or 3, Schedule C) | | | Show + or | (-) | \$0.00 | | |
| 16. Net adjustments this period | (Combine lines 14 & 15). | | | S | how + or (-) | \$0.00 | |
| 17. Total cash and in kind exper | nditures during campaign | (Combine line | es 10, 13 and 16) | | | \$464,955.58 | |
| CANDIDATES ONLY | | ASH SUMMA | | > | | 400 000 00 | |
| Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 1 | | | | | \$27,765.68 | _ | |
| Primary election General election | | | | | | \$0.00 | |
| Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 m | | | e 18 minus line 19) | | \$27,765 . 68 | | |
| CERTIFICATION: I certify that the in | oformation herein and on acc | companying sch | edules and attachments | is true and correct to | the hest of my | knowledge | _ |
| Candidate's Signature | Date | ompanying son | Treasurer's Signatu | | the best of filly | Date Date | _ |
| JAMIE PEDERSEN | 08/0 | 3/21 | JEFF SABADO | | | 08/03/21 | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

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

anort Date

| Candidate of Continuities Name (Do not appreviate. Ose full frame.) | | | | | 133 | Sport Date | |
|---|----------------------|--------------------|-------------------------|------------------|--------------------------|-----------------------|----------------|
| JAMI | E D PEDERSEN | (PEDERSEN | JAMIE D SURPLU | S ACCT) | | 07/01/21 | 07/31/21 |
| 1. C | ASH RECEIPTS (Co | ontributions) whic | h have been reported on | C3. List each de | oosit made since last C4 | report was submitted. | |
| Date | of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | • |
| 2. T | OTAL CASH RECEIF | PTS | | | Enter al | so on line 2 of C4 | \$0.00 |
| | eeded. The exceptior | ns are: | | · · | ed to describe an expend | , | , |

- 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 |