PUBLIC	DISCLO	SURE COMMISSION
ATTEN A		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



PDC OFFICE USE 110046485 AMENDS 110045845 09-10-2021

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

BBON)			City BURIEN, WA		
STATE REPRES	ENTATIVE	Election Date 2022 Final Report? Yes No X	*For PACs, Parties & Caucus Committees: Dur this report period, did the committee make an <u>independ</u> <u>expenditure</u> (i.e., an expense not considered a contribu <u>supporting or opposing a state or local candidate</u> ?		
			*See next page	Yes	No
d contributions (From or calendar year, see	line 8, last C-4) instruction boo	klet)		\$	\$11,381.66
chedule A)			<u></u> \$ \$9,950.00		
(From line 1, Schedul	e B)		\$678.97		
utions received this pe	eriod (Line 2 plu	s 3)			\$10,628.97
ide (From line 2, Sche	dule L)		\$0.00		
Schedule C)		Show + or	(-) \$0.00	-	
combine line 5 & 6)			Show + or (-)		\$0.00
utions during campaig	n (Combine line	es 1, 4 & 7)			22,010.63
rom line 2, Schedule I	B)	\$0.00			
h expenditures (From	line 17 last C-/	1)			
or calendar year, see	instruction boo	klet)			\$1,016.77
n line 4, Schedule A)			\$86.59	<u>!</u>	
services) (From line 1	I, Schedule B).		 \$678,97	<u>.</u>	
itures made this perio	d (Line 11 plus	line 12)			\$765.56
ide (From line 2, Sche	dule L)		\$0.00	<u>l</u>	
Schedule C)		Show + or	(-) \$0.00		
Combine lines 14 & 15)		Show + or (-)		\$0.00
itures during campaig	n (Combine line	es 10, 13 and 16)			\$1,782.33
	18. Cash on ha	nd (Line 8 minus line			\$20,228.30
	-				¢0,00
<u> </u>					\$0.00
	ZU. Balance (S	urpius or aeticit) (Line	To minus line 19)	ś	\$20,228.30
_	ccompanying sch			knowledge.	Date
				09/	/10/21
	Office Sought (Candi STATE REPRES: To (end 08/ d contributions (From or calendar year, see chedule A)	Office Sought (Candidates) STATE REPRESENTATIVE To (end of period) 08/31/21 d contributions (From line 8, last C-4) or calendar year, see instruction boo chedule A) (From line 1, Schedule B) utions received this period (Line 2 plu de (From line 2, Schedule L) Schedule C) combine line 5 & 6) combine line 5 & 6) combine line 5 & 6) d expenditures (From line 17, last C-4 or calendar year, see instruction boo n line 4, Schedule A) services) (From line 1, Schedule B) itures made this period (Line 11 plus de (From line 2, Schedule L) services) (From line 1, Schedule B) itures made this period (Line 11 plus de (From line 2, Schedule L) services) (From line 1, Schedule B) itures made this period (Line 11 plus de (From line 2, Schedule L) itures during campaign (Combine line Name not Name not Name not Inopposed on ballot In Liabilities: 20. Balance (S	Office Sought (Candidates) STATE REPRESENTATIVE Election Date 2022 To (end of period) 08/31/21 Final Report? Yes No X d contributions (From line 8, last C-4) or calendar year, see instruction booklet)	City BURIEN, WA Office Sought (Candidates) STATE REPRESENTATIVE Election Date 2022 To (end of period) 08/31/21 Final Report? Yes No X d contributions (From line 8, last C-4) or calendar year, see instruction booklet) *See next page d contributions (From line 1, Schedule B) \$ \$9,950.00 (From line 1, Schedule B) \$ \$678.97 de (From line 2, Schedule L) \$ \$0.00 Schedule C) \$ \$0.00 Schedule C) \$ \$0.00 Schedule C) \$ \$0.00 combine line 5 & 6) \$ \$0.00 combine line 5 & 6) \$ \$ \$0.00 combine line 5 & 6) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	City BURLEN, WA Office Sought (Candidates) Election Date STATE REPRESENTATIVE 2022 To (end of period) Final Report? 08/31/21 Yes No X *See next page Yes chedule A) \$\$9,950.00 chedule A) \$\$678.97 ctions received this period (Line 2 plus 3) \$\$0.00 Schedule C) \$\$\$0.00 Schedule C) \$

CASH RECEIPTS AND EXPENDITURE



Candidate or Committee Name (Do not abbreviate. Use full name.)					eport Date	
(FRIENDS OF JOE FITZGIBBON) 08/01/					08/01/21	08/31/21
1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.						
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
08/20/2021	\$3,500.00	08/17/2021	\$500.00			
08/01/2021	\$100.00					
08/09/2021	\$5,850.00					
2. TOTAL CASH RECEIPTS Enter also on line 2 of C4						\$ \$9.950.00

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.

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

CODE 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

- 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	А	mount
N/A	Expenses of \$50 or less	N/A	N/A		
08/03/21	FIRST DATA 5565 Glenridge Connector NE Ste Atlanta, GA 30342		Credit Card Processing		\$86.59
	1	<u>I</u>	Total from attached pages	\$	\$0.00

4. TOTAL CASH EXPENDITURES

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4

(11/93)



Report Date 08/01/21 08/31/21

Candidate or Committee Name (Do not abbreviate. Use full name.) (FRIENDS OF JOE FITZGIBBON)

1. IN KIND CONTRIBUTIONS RECEIVED (goods, services, discounts, etc.)

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	R	G E N	lf total over \$100, Employer Name, City, State & Occup
08/05/21	BECKY BOGARD 131 Walling Rd Friday Harbor, WA 98250	Event Food	\$558.97	\$678.97	<u>x</u> Bogard & Johnson Olympia WA GOVERNMENT AFFAIRS		
08/05/21	BECKY BOGARD 131 Walling Rd Friday Harbor, WA 98250	Event Beverages	\$120.00	\$678.97	x		
	1	TOTAL THIS PAGE	\$678.97		I		