

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 110053138

10-11-2021

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

| (FRIENDS OF JOE FITZGI | BBON) | , | | | | | | | |
|---|---|---------------------------|--|----------------|-------------------|------------------------|------------------|---------------|-----------------------|
| Mailing Address PO BOX 66235 | | | | | Cit B t | ty Uri en, v | VA | | |
| Zip + 4 98166 | Office Sought (Candidates) STATE REPRESENTA | | Electi 2022 | on Date | | | | | nmittees: During |
| Report Period From (last C-4 | To (end of pe | eriod) | Final | Report? | | | * | | dered a contribution) |
| Covered 09/01/21 | L 09/30/ | 21 | Yes | No X | sup | oporting or o | pposing a stat | te or local c | andidate? |
| RECEIPTS | | | I | | ⊐ *s₁ | ee next page | 7 | Yes | No |
| Previous total cash and in kin (if beginning a new campaign | d contributions (From line 8, or calendar year, see instru | last C-4) ction book | det) | | | | | | \$22,010.63 |
| 2. Cash received (From line 2, S | Schedule A) | | | | | \$ \$5 | 5,300.00 | - | |
| 3. In kind contributions received | (From line 1, Schedule B) | | | | | | \$0.00 | - | |
| 4. Total cash and in kind contrib | utions received this period (| Line 2 plus | s 3) | | | | | | \$5,300.00 |
| 5. Loan principal repayments ma | ade (From line 2, Schedule I | _) | | | | | \$0.00 | - | |
| 6. Corrections (From line 1 or 3, | Schedule C) | | | Show + or | r (-) _ | | \$0.00 | - | |
| 7. Net adjustments this period (| Combine line 5 & 6) | | | | | | Show + or (-) | | \$0.00 |
| 8. Total cash and in kind contrib | outions during campaign (Co | mbine line | s 1, 4 & 7 |) | | | | | \$27,310.63 |
| 9. Total pledge payments due (F | From line 2, Schedule B) | | | \$0.00 | | | | | |
| EXPENDITURES | | | | | | | | | |
| Previous total cash and in kin (If beginning a new campaign | d expenditures (From line 1 or calendar year, see instru | 7, last C-4 ction book |) <let)< td=""><td></td><td></td><td></td><td></td><td></td><td>\$1,782.33</td></let)<> | | | | | | \$1,782.33 |
| 11. Total cash expenditures (From | m line 4, Schedule A) | | | | | | \$250.33 | <u>1</u> | |
| 12. In kind expenditures (goods & | & services) (From line 1, Sch | edule B) | | | | | \$0.00 | 1 | |
| 13. Total cash and in kind expend | ditures made this period (Lin | e 11 plus | line 12) | | | | | | \$250.33 |
| 14. Loan principal repayments ma | ade (From line 2, Schedule I | _) | | | | | \$0.00 | <u>)</u> | |
| 15. Corrections (From line 2 or 3, | Schedule C) | | | Show + or | r (-) _ | | \$0.00 | <u>)</u> | |
| 16. Net adjustments this period (| Combine lines 14 & 15) | | | | | | Show + or (-) | | \$0.00 |
| 17. Total cash and in kind expend | ditures during campaign (Co | mbine line | es 10, 13 a | and 16) | | | | | \$2,032.66 |
| CANDIDATES ONLY Won Lost U | | I SUMMA | | minua lina | o 17) | | | | \$25,277.97 |
| | | | | | | plus your petty | cash balance.] | | ŞZJ,Z11.91 |
| Primary election | | abilities: (| (Sum of lo | ans and de | ebts ov | wed) | | | \$0.00 |
| Treasurer's Daytime Telephone N | | -1 (0 | .mele == | laf: a:t/ // : | - 40 | dana line do | \ | | - |
| 20. Balance (Surplus or deficit) (Line 18 to 20. Balance) | | | | ie 18 m | ninus line 19 |) | | \$25,277.97 | |
| CERTIFICATION: I certify that the inf | · | anying sche | | | | and correct t | o the best of my | knowledge. | |
| Candidate's Signature | Date | | Treasure | er's Signatu | ure | | | | Date |
| OSEPH FITZGIBBON 10/11/21 JAY PETTERSON | | | | NC | | | : | 10/11/21 | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

| Д | |
|-------|--|
| 1/93) | |
| | |

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

Report Date

| (FRIENDS OF JOE FITZGIBBON |) | | | 09/01/21 | 09/30/21 | |
|---|-----------------|--------|-----------------|--------------------|----------------|--|
| 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 | |
| 09/10/2021 \$5,300.00 | | | | | | |
| | | | | | | |
| 2. TOTAL CASH RECEIPTS | | | Enter als | so on line 2 of C4 | \$5,300.0 | |

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:

- 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
- 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 | | Amount |
|-----------|--|------|---------------------------------------|------|----------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
| 09/03/21 | FIRST DATA 5565 Glenridge Connector NE Ste Atlanta, GA 30342 | | Credit Card Fees | | \$250.33 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total from attached page | s \$ | \$0.00 |

Enter also on line 11 of C4

\$250.33