PUBLIC DISCL	OSURE COMMISSION
	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

C4

(3/97)

12-03-2021

Candidate or Committee Name	(Do not abbreviate.	Include full name)
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(Friends of Dave Paul)					
Mailing Address PO BOX 387				City OAK HARBOR, WA	
Zip + 4 98277	Office Sought (Cano STATE REPRES		Election Date 2022	*For PACs, Parties & Cauc this report period, did the comm	
Report Period From (last C-4	4) To (ei	nd of period)	Final Report?	expenditure (i.e., an expense r	not considered a contribution)
Covered 11/01/2	1 11	/30/21	Yes No X	supporting or opposing a state of	or local candidate?
RECEIPTS				*See next page	Yes No
 Previous total cash and in kir (if beginning a new campaigr 	nd contributions (From n or calendar year, se	n line 8, last C-4) e instruction boo	klet)		\$41,054.21
2. Cash received (From line 2, S	Schedule A)			\$ \$16,685.00	
3. In kind contributions received	I (From line 1, Schedu	ule B)		\$8.70	
4. Total cash and in kind contrib	outions received this p	period (Line 2 plu	s 3)		\$16,693.70
5. Loan principal 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 adjustments this period (Combine line 5 & 6)			Show + or (-)	\$0.00
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7)		\$57,747.91
9. Total pledge payments due (
EXPENDITURES					
10. Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From n or calendar year, se	n line 17, last C-4 e instruction boo	1) klet)		\$3,596.95
11. Total cash expenditures (Fro	m line 4, Schedule A)			\$74.26	
12. In kind expenditures (goods a	& services) (From line	1, Schedule B).			
13. Total cash and in kind expen	ditures made this peri	iod (Line 11 plus	line 12)		\$82.96
14. Loan principal 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 adjustments this period (Combine lines 14 & 1	5)		Show + or (-)	\$0.00
17. Total cash and in kind expen	ditures during campai	gn (Combine line	es 10, 13 and 16)		\$3,679.91
CANDIDATES ONLY Won Lost U	Name not Jnopposed on ballot	CASH SUMMA		17)	h=
			•	nce(s) plus your petty cash balance.]	<i>+/</i>
Primary election		19. Liabilities:	(Sum of loans and det	ots owed)	\$0.00
Treasurer's Daytime Telephone N	lo.:				30.00
(206)682-7328		20. Balance (S	urplus or deficit) (Line	18 minus line 19)	\$54,068.00
CERTIFICATION: I certify that the int		accompanying sch			
Candidate's Signature	Date		Treasurer's Signatur	e de la constante de la consta	Date
DAVID PAUL	12	/03/21	Josie Olsen		12/03/21

CASH RECEIPTS AND EXPENDITURE



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

	``		,			
(Friends of Dav	e Paul)				11/01/21	11/30/21
1. CASH RECEIPTS ((Contributions) whic	h have been reported	on C3. List each dep	oosit made since last C4 re	port was submitted.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
11/03/2021	\$50.00	11/15/2021	\$1,180.00	11/24/2021	\$50.00	
11/10/2021	\$100.00	11/18/2021	\$1,275.00	11/29/2021	\$25.00	
11/12/2021	\$150.00	11/19/2021	\$650.00	See attached		
2. TOTAL CASH RECI	EIPTS			Enter also	o on line 2 of C4 \$	\$16,685.00

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:

- 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.

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 Report Date

- 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 <u>\$50 or less</u>, 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		\$74.26
			Total from attached page	es \$	\$0.00

4. TOTAL CASH EXPENDITURES

Attachment to Sch Additional Deposit		for the period:	11/01/21	11/30/21	3
Name					
(Friends of Dave	Paul)				
Date of Deposit	Amount	Date of Deposit	Amoun	t Date of Deposit	Amount
11/30/21	\$4,000.00				
11/23/21	\$20.00				
11/23/21 11/30/21	\$7,950.00 \$445.00				
11/30/21	\$790.00				

IN KIND CONTRIBUTIONS, PLEDGES,
ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4

(11/93)



Report Date 11/01/21 1

Candidate or Committee Name (Do not abbreviate. Use full name.) (Friends of Dave Paul)

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

		1					
Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	P R I	G E N	If total over \$100, Employer Name, City, State & Occup
11/21/21	DAVE PAUL PO Box 387 Oak Harbor, WA 98277	Postage: U.S. Postal Service	\$8.70	\$16.65	x		
	1	TOTAL THIS PAGE	\$8.70		1		

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11/30/21