

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 110069972

01-10-2022

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

(Joy for Washington)									
Mailing Address po box 354						City carson,	WA		
Zip + 4 98610	Office Sought (Candidat STATE REPRESEN		Elect 202	ion Da 2	te				nmittees: During ke an independent
Report Period From (last C-	4) To (end of	period)	Final	Repor	t?	expenditure	e (i.e., an expens	e not consi	dered a contribution)
Covered 12/01/2	1 12/31	L/21	Yes	No	x	supporting o	or opposing a stat	te or local o	andidate?
RECEIPTS			1			*See next p	age	Yes	No
Previous total cash and in king (if beginning a new campaign)	nd contributions (From line n or calendar year, see ins	8, last C-4) truction book	klet)					\$	\$1,000.00
2. Cash received (From line 2,								-	
3. In kind contributions received	d (From line 1, Schedule B)					\$241.88	-	
4. Total cash and in kind contril	butions received this perior	d (Line 2 plu	s 3)						\$1,701.88
5. Loan principal repayments m								_	
6. Corrections (From line 1 or 3	s, Schedule C)			. Show	/ + or ((\$	1,010.00)	_	
7. Net adjustments this period ((\$1,010.00)
8. Total cash and in kind contril				7)					\$1,691.88
9. Total pledge payments due (From line 2, Schedule B).			\$0.	00				
EXPENDITURES									
Previous total cash and in king (If beginning a new campaign	nd expenditures (From line n or calendar year, see ins	e 17, last C-4 struction bool	·) klet)						\$10.00
11. Total cash expenditures (Fro	om line 4, Schedule A)						\$1,048.25	<u>i</u>	
12. In kind expenditures (goods	& services) (From line 1, S	Schedule B) .					\$241.88	R	
13. Total cash and in kind expen									\$1,290.13
14. Loan principal repayments m	nade (From line 2, Schedul	e L)					\$0.00	<u>)</u>	
15. Corrections (From line 2 or 3	s, Schedule C)			. Show	/ + or ((-) <u>(</u>	\$1,010.00)) -	
16. Net adjustments this period ((Combine lines 14 & 15)						Show + or (-)		(\$1,010.00)
17. Total cash and in kind expen				and 16	5)				\$290.13
CANDIDATES ONLY Won Lost		SH SUMMA Cash on ha		8 minu	s line	17)			\$1,401.75
							etty cash balance.]		
Primary election General election		. Liabilities: ((Sum of Id	oans a	nd del	ots owed)			\$0.00
Treasurer's Daytime Telephone I		. Balance (Sı	urplus or o	deficit)	(Line	18 minus line	19)		\$1,401.75
CERTIFICATION: I certify that the in	formation herein and on acco	mpanying sch	edules and	l attachi	ments i	s true and corre	ect to the best of my	/ knowledge.	
Candidate's Signature	Date		Treasur				•	<u></u>	Date
HANNAH JOY	01/10	/22	Krvst	al P	atto	on			01/10/22

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

12/31/21

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

Report Date

(Joy	for	Washington
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12/01/21 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
12/08/2021	\$500.00	12/17/2021	\$200.00			
12/12/2021	\$500.00	12/08/2021	\$7.00			
12/15/2021	\$250.00	12/08/2021	\$3.00			

TOTAL CASH RECEIPTS

Enter also on line 2 of C4 \$

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.

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..
- 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	\$48.25
12/29/21	BYRON SANFORD 2311 192nd Ave. SE Apt 136 Camas, WA 98607		Refund Contribution	\$1,000.00
			Total from attached no	40.00

Total from attached pages

\$0.00 \$

Enter also on line 11 of C4

\$1,048.25

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 **B** (11/93)

3

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

Report Date 12/01/21 1:

12/31/21

1.	IN KIND CONTRIBUTIONS RECEIVED	(goods, services, discounts, etc.))
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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
.2/15/21	HANNAH JOY po box 354 carson, WA 98610	Coroplast Signs	\$241.88	\$241.88	х		·
	1	TOTAL THIS PAGE	\$241.88		1		

CORRECTIONS

SCHEDULE C

4

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

Date

(Joy for Washington) 12/01/21 12/31/21

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)

Date of Report	Contributor's Name or Description of Correction	Amount Reported	Corrected Amount	Difference (+ or -)
11/29/21	BYRON SANFORD 2311 192nd Ave. SE Apt 136 Camas, WA 98607	\$1,000.00	\$0.00	(\$1,000.00)
		Total corre Enter on line	ections to contributions 6 of C4. Show + or (-).	(\$1,000.00)

CORRECTIONS

SCHEDULE C

5

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

Date

(Joy for Washington) 12/01/21 12/31/21

2.	EXPENDITURES	(Include mathematical corrections.)	١
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Date of Report	Vendor's Name or Description of Correction	Amount Reported	Corrected Amount	Difference (+ or -)
11/29/21	BYRON SANFORD 2311 192nd Ave. SE Apt 136 Camas, WA 98607	\$1,000.00	\$0.00	(\$1,000.00)
		Total corre Enter on line 1	ections to expenditures 15 of C4. Show + or (-).	(\$1,000.00)

CORRECTIONS

SCHEDULE TO C4

6

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

Date

(Joy for Washington)

3. REFUNDS FROM VENDORS The below listed amounts have been received as refunds on expenditures previously reported. The refund has been deposited and reported on C3 report, Line 1d.

Date of Report	Source/Person Making Refund	Amount of Refund
12/08/21	RIVERVIEW COMMUNITY BANK 225 2nd St	
	Stevenson, WA 98648	\$7.00
12/08/21	RIVERVIEW COMMUNITY BANK 225 2nd St	
	Stevenson, WA 98648	\$3.00
	Total refunds Enter as (-) on line 6 and line 15 of C4.	\$10.00