

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 110073705

02-10-2022

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

BILL BOYCE (Friends o	of Bill Boyce)				
Mailing Address PO Box 6513				City Kent, WA	
Zip + 4 98064	Office Sought (Candidat STATE SENATOR	es)	Election Date 2022	*For PACs, Parties & Cau this report period, did the com	
Report Period From (last C-	4) To (end of	period)	Final Report?	expenditure (i.e., an expense	not considered a contribution)
Covered 01/01/2	2 01/33	L/22	Yes No X	supporting or opposing a state	or local candidate?
RECEIPTS				*See next page	Yes No
Previous total cash and in kin (if beginning a new campaign	nd contributions (From line n or calendar year, see ins	8, last C-4) truction bool	klet)		\$ \$16,562.00
2. Cash received (From line 2,	Schedule A)			···· \$ \$5,500.00	
3. In kind contributions received	d (From line 1, Schedule B	)		\$0.00	
4. Total cash and in kind contril	outions received this perior	d (Line 2 plu	s 3)		\$5,500.00
5. Loan principal repayments m	ade (From line 2, Schedul	e 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 contril	outions during campaign (	Combine line	es 1, 4 & 7)	······	\$22,062.00
9. Total pledge payments due (	From line 2, Schedule B).		\$0.00		
EXPENDITURES					
<ol> <li>Previous total cash and in king (If beginning a new campaign</li> </ol>	nd expenditures (From line n or calendar year, see ins	e 17, last C-4 struction bool	l) klet)		\$276.48
11. Total cash expenditures (Fro	m line 4, Schedule A)			···· \$3,097.80	
12. In kind expenditures (goods	& services) (From line 1, S	Schedule B) .		\$0.00	
13. Total cash and in kind expen	ditures made this period (I	Line 11 plus	line 12)		\$3,097.80
14. Loan principal repayments m	ade (From line 2, Schedul	e L)		\$0.00	
15. Corrections (From line 2 or 3	, Schedule C)		Show + or	(-) \$0.00	
16. Net adjustments this period (	Combine lines 14 & 15)			Show + or (-)	\$0.00
17. Total cash and in kind expen	ditures during campaign (	Combine line	es 10, 13 and 16)		\$3,374.28
CANDIDATES ONLY		SH SUMMA			• •
				17)	\$18,687.72
Primary election		. Liabilities:	(Sum of loans and del	ots owed)	\$6,388.18
Treasurer's Daytime Telephone N		Balance (C	urnius or doficit\ /l :	19 minus line 10\	
(253)988-2455	20.	. Daiailte (St	urpius or delicit) (Line	18 minus line 19)	\$12,299.54
CERTIFICATION: I certify that the in	formation herein and on acco	mpanying sch	edules and attachments	is true and correct to the best of my l	knowledge.
Candidate's Signature	Date		Treasurer's Signatur	<u></u>	Date
BILL BOYCE	02/10	/22	Tom Perry		02/10/22

## CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

BILL BOYCE	(Friends	of	Bill	Boyce )
------------	----------	----	------	---------

01/01/22

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

01/02/2022 \$100.00 01/23/2022 \$150.00 01/09/2022 \$2,050.00 \$2,600.00 01/07/2022 \$500.00 01/16/2022 \$100.00 01/14/2022

\$ 2. TOTAL CASH RECEIPTS Enter also on line 2 of C4

\$5,500.00

01/31/22

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.
- 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	\$15.20
01/04/22	MINNICK GROUP PO Box 630 Manson, WA 98831		MINNICK GROUP, Consulting	\$1,500.00
01/04/22	MINNICK GROUP PO Box 630 Manson, WA 98831		MINNICK GROUP, Consulting	\$1,500.00
01/09/22	ANEDOT 1340 Poydras St Ste 1770 New Orleans, LA 70112	G	Credit card fees	\$82.60
-	•		Total from attached name	ф фо оо

Total from attached pages

\$ \$0.00

\$

Enter also on line 11 of C4

\$3,097.80

## IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 B

3

Candidate or Committee Name (Do not abbreviate. Use full name.)
BILL BOYCE (Friends of Bill Boyce)

Report Date

01/01/22 01/31/22

3. ORDERS PLACED, DEBTS, OBLIGATIONS. (Give estimate if actual amount not known. Exclude loans. Report loans on Schedule L.)

Expenditure Date	Vendor's/Recipient's Name and Addres	ss Amount Owed	Code	OR Description of Obligation
01/03/2022	MINNICK GROUP PO Box 630 Manson WA, 98831	1500.00		Consulting
01/03/2022	MINNICK GROUP PO Box 630 Manson WA, 98831	432.18		Flyers (250), signs (10), business cards
01/20/2022	MINNICK GROUP PO Box 630 Manson WA, 98831	1500.00		Consulting
01/20/2022	MINNICK GROUP PO Box 630 Manson WA, 98831	2500.00		Website design/development
01/20/2022	MINNICK GROUP PO Box 630 Manson WA, 98831	456.00		Website hosting
	тот	TAL THIS PAGE 6388.18		