

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 110075951 AMENDS 110073705 03-08-2022

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

ILLIAM BOYCE (Friend	s of Bill Boy	ce)				
Mailing Address O Box 6513					City Kent, WA	
Zip + 4 8064	Office Sought (Cand		Election 2022	on Date	*For PACs, Parties & Cau this report period, did the comr	
Report Period From (last C-4	To (en	d of period)	Final F	Report?	expenditure (i.e., an expense	not considered a contribution)
Covered 01/01/22	01,	/31/22	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	d contributions (From or calendar year, see	line 8, last C-4 instruction bo	4) ooklet)		<u>-</u>	\$ \$16,562.00
2. Cash received (From line 2, S	Schedule A)				··· <u>\$</u> \$5,500.00	
3. In kind contributions received	(From line 1, Schedu	e B)			\$0.00	
4. Total cash and in kind contrib	utions received this pe	eriod (Line 2 p	olus 3)			\$5,500.00
5. Loan principal repayments ma	ade (From line 2, Sche	edule L)			\$0.00	
6. Corrections (From line 1 or 3,	Schedule C)			Show + or (\$0.00	
7. Net adjustments this period (0	Combine line 5 & 6)				Show + or (-) _	\$0.00
8. Total cash and in kind contrib	utions during campaig	ın (Combine li	nes 1, 4 & 7)			\$22,062.00
9. Total pledge payments due (F	From line 2, Schedule	B)		\$0.00		
EXPENDITURES	d	line 47 lent 0				
Previous total cash and in kin (If beginning a new campaign	or calendar year, see	ine 17, last C	ooklet)			\$276.48
11. Total cash expenditures (Fror	m line 4, Schedule A).				\$3,097.80	
12. In kind expenditures (goods 8	services) (From line	1, Schedule B)		\$0.00	
13. Total cash and in kind expend					-	\$3,097.80
14. Loan principal repayments ma	ade (From line 2, Sche	edule L)			\$0.00	
15. Corrections (From line 2 or 3,	Schedule C)			Show + or (\$0.00	
16. Net adjustments this period (0	Combine lines 14 & 15	i)			Show + or (-)	\$0.00
17. Total cash and in kind expend	ditures during campaiç	gn (Combine li	nes 10, 13 a	nd 16)		\$3,374.28
CANDIDATES ONLY	Name not	CASH SUMN	MARY			• •
Won Lost U	Inopposed on ballot				17)	\$18,687.72
Primary election		19. Liabilities	: (Sum of loa	ans and deb	its owed)	\$8,836,68
Treasurer's Daytime Telephone N	o.:				_	
(253) 988-2455 20. Balance (Surplus or deficit) (Line 18			18 minus line 19) –	\$9,851.04		
CERTIFICATION: I certify that the infe	ormation herein and on a	ccompanying so				knowledge.
Candidate's Signature	Date		Treasure	r's Signature	e	Date
VILLIAM BOYCE	03/	08/22	Tom Pe	rry		03/08/22

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

01/31/22

\$5,500.00

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

Report Date

WILLIAM BO	OYCE (Fri	ends 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	Т	otal deposits
01/02/2022	\$100.00	01/23/2022	\$150.00				
01/09/2022	\$2,050.00	01/07/2022	\$2,600.00				
01/16/2022	\$100.00	01/14/2022	\$500.00				
2. TOTAL CASH REC	CEIPTS			Enter a	lso on line 2 of C4	\$	\$5,500.

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	\$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.)
WILLIAM 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 Address	Amount Owed	Code	OR Description of Obligation
12/21/2021	SAVORACCESSO SHOWARE CENTER 625 W James St Kent WA, 98032	2448.50		Catering/Facility rental
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
-	TOTAL	THIS PAGE 8836.68		1