PUBLIC DISCLOSURE 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)

PDC OFFICE USE 110076059 AMENDS 110073477 03-08-2022

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

(Cathcart for Spokane)									
Mailing Address PO Box 7599						City S pokane	e, WA		
Zip + 4 99207	Office Sought (Candidate COUNTY COMMISSI	,	Electi 2022	on Date					nittees: During an independent
Report Period From (last C-	4) To (end of p	period)	Final	Report?					red a contribution)
Covered 01/02/2	2 01/31	/22	Yes	No X	<u>s</u>	supporting o	or opposing a sta	e or local can	<u>didate</u> ?
RECEIPTS					*	See next p	age	Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8 n or calendar year, see instr	3, last C-4) uction boo	klet)					\$	\$0.00
2. Cash received (From line 2, S	Schedule A)					\$	\$300.00	-	
3. In kind contributions received	d (From line 1, Schedule B).						\$166.00	-	
4. Total cash and in kind contrib									\$466.00
5. Loan principal repayments m								-	
6. Corrections (From line 1 or 3								=	
7. Net adjustments this period (,						()		\$0.00
8. Total cash and in kind contrib	outions during campaign (C	ombine line	es 1, 4 & 7)	 7				\$466.00
9. Total pledge payments due (From line 2, Schedule B)			\$0.00					
EXPENDITURES									
Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From line n n or calendar year, see instr	17, last C-4 ruction boo	1) klet)						\$0.00
11. Total cash expenditures (Fro	m line 4, Schedule A)						\$0.00	<u>)</u>	
12. In kind expenditures (goods a	& services) (From line 1, Sc	hedule B) .					\$166.00	1	
13. Total cash and in kind expen	ditures made this period (Li	ne 11 plus	line 12)						\$166.00
14. Loan principal repayments m	ade (From line 2, Schedule	L)					\$0.00	<u>)</u>	
15. Corrections (From line 2 or 3	, Schedule C)			Show + o	or (-)		\$0.00	<u>)</u>	
16. Net adjustments this period (Combine lines 14 & 15)						Show + or (-)		\$0.00
17. Total cash and in kind expen-	ditures during campaign (C	ombine line	es 10, 13 a	and 16)					\$166.00
CANDIDATES ONLY		SH SUMMA							
Won Lost U							etty cash balance.]		\$300.00
Primary election						.,,			\$418.24
Treasurer's Daytime Telephone N									
(509)999-8315	20. 6	Balance (S	urplus or d	leficit) (Lin	ne 18	minus line	19)		(\$118.24)
CERTIFICATION: I certify that the in		panying sch				rue and corre	ect to the best of my	knowledge.	
Candidate's Signature	Date		Treasure	er's Signat	ure				Date
MICHAEL CATHCART	03/08/	/22	Michae	el Cath	hca	rt		0.3	3/08/22

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

Α	
(11/93)	

2

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

Report Date

(Cathcart for	Spokane)				01/02/22	01/31/22
1. CASH RECEIPTS	(Contributions) which	h have been reported on C3.	List each dep	osit made since last C4	report was submitted	d.
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
01/11/2022	\$100.00					
01/20/2022	\$200.00					
2. TOTAL CASH REC	CEIPTS			Enter al	so on line 2 of C4	\$ \$300.00

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.

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

Enter also on line 11 of C4

\$0.00

- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services
- W Wages, Salaries, Benefits
- G General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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	Д	mount
N/A	Expenses of \$50 or less	N/A	N/A		
		<u> </u>	Total from attached page	es \$	\$0.00

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

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

3

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

Report Date 01/02/22 03

01/31/22

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 If total over \$100, Employer Name, City, State & Occup
1/03/22	MICHAEL CATHCART 1608 E. Devoe Spokane, WA 99217	USPS/PO BOX TWELVE MONTH SERVICE	\$166.00	\$166.00	Sp	ty of Spokane okane WA TY COUNCIL
		TOTAL THIS PAGE	\$166.00		1	

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 B

4

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

Report Date

01/02/22 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
1/20/2022	PLESE PRINTING 4201 E Trent Spokane WA, 99202	418.24		Envelope Order; total quantity of Onethousandfivehundred
	ı			
	TOTAL THIS	S PAGE 418.24		