

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100968725

05-11-2020

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

MATT SHEA (COMMITTEE	TO ELECT MATT SH	EA)								
Mailing Address PO BOX 142180						City SPOKAN	E VALLE	Y, WA		
Zip + 4 99206	Office Sought (Candidates STATE REPRESENT.	'	Electi 2020	on Date						mittees: During an independent
Report Period From (last C-4	To (end of p	eriod)	Final	Report?						ered a contribution)
Covered 04/01/20	04/30/	/20	Yes	No X	<u>s</u>	supporting	or opposin	g a state o	r local car	ndidate?
RECEIPTS					*	See next	nage	,	Yes .	No
Previous total cash and in kin	d contributions (From line 8	8, last C-4)								NO
(if beginning a new campaign	or calendar year, see instru	uction book	det)					······ <u>\$</u>	1	\$43,996.72
2. Cash received (From line 2, S	Schedule A)					\$	\$6,487	7.76		
3. In kind contributions received	(From line 1, Schedule B).						\$79	0.02		
4. Total cash and in kind contrib	utions received this period	(Line 2 plus	s 3)					······		\$6,566.78
5. Loan principal repayments ma	ade (From line 2, Schedule	L)					\$0	0.00		
6. Corrections (From line 1 or 3,	Schedule C)			. Show + o	or (-)		\$0	0.00		
7. Net adjustments this period (Combine line 5 & 6)						Show +	or (-)		\$0.00
8. Total cash and in kind contrib	utions during campaign (Co	ombine line	s 1, 4 & 7	')	 7			<u> </u>		\$50,563.50
9. Total pledge payments due (F	From line 2, Schedule B)			\$0.00						
EXPENDITURES										
Previous total cash and in kin (If beginning a new campaign	d expenditures (From line 1 or calendar year, see instru	7, last C-4 uction book) klet)					<u> </u>		\$32,754.94
11. Total cash expenditures (Fror	m line 4, Schedule A)						\$4,88	<u> 89.68</u>		
12. In kind expenditures (goods &	k services) (From line 1, Scl	hedule B) .					\$ 7	79.02		
13. Total cash and in kind expend	ditures made this period (Lir	ne 11 plus	line 12)					<u> </u>		\$4,968.70
14. Loan principal repayments ma	ade (From line 2, Schedule	L)					Ş	0.00		
15. Corrections (From line 2 or 3,	Schedule C)			. Show + o	or (-)		\$	0.00		
16. Net adjustments this period (Combine lines 14 & 15)						Show +	or (-)		\$0.00
17. Total cash and in kind expend	ditures during campaign (Co	ombine line	es 10, 13 a	and 16)						\$37,723.64
CANDIDATES ONLY		H SUMMA			4 7					410 030 06
							petty cash bala			\$12,839.86
Primary election		iabilities: ((Sum of lo	ans and d	lebts	owed)				\$1,312,52
Treasurer's Daytime Telephone N		Salaman (C		1-6-0 0		· ····································	- 40'			-
(509)928-2495		salance (Su	urplus or c	aeticit) (Lin	ne 18	s minus lin	e 19)	··········· —		\$11,527.34
CERTIFICATION: I certify that the inf	·	panying sch				rue and cor	rect to the be	st of my kno	owledge.	
Candidate's Signature	Date		Treasure	er's Signati	ure					Date
MATT SHEA	05/11/	20	MERRI	NICKE	RSO:	N			0	5/11/20

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

(11/93)

2

04/30/20

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

Report Date

MATT SHEA (COMMITTEE TO ELECT MATT SHEA)

04/01/20

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
04/01/2020	\$10.00	04/08/2020	\$350.00	04/14/2020	\$25.00	
04/03/2020	\$325.00	04/09/2020	\$1,000.00	04/15/2020	\$250.00	
04/08/2020	\$200.00	04/13/2020	\$50.00	See attached		

2. TOTAL CASH RECEIPTS Enter also on line 2 of C4 \$ \$6,487.76

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
- 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..
- 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	Amount
N/A	Expenses of \$50 or less	N/A	N/A	\$193.49
04/08/20	ACN PO BOX 31000 SPOKANE, WA 99223		ACN,CHECK #2536 MARCH INVOICE	\$1,312.52
04/08/20	EVANS ANALYTICS AND CONSULTING 1027 W TAPESTRY DRIVE SPOKANE, WA 99224		DIRECT MAIL LIST	\$763.52
04/07/20	JOHN BIRCH SOCIETY PO BOX 9205 SPOKANE, WA 99205		5000 MAGAZINES	\$1,762.70
04/08/20	CONSTANT CONTACT SPOKANE, WA		SOCIAL MEDIA	\$70.79
04/07/20	USPS MEAD, WA 99021		STAMPS	\$110.00
04/11/20	MATT SHEA PO BOX 142180 SPOKANE VALLEY, WA 99214		REIMB FOR VERADALE SELF STORAGE	\$243.00
			Total from attached pages	\$ \$433.66

Total from attached pages \$

\$433.66

Enter also on line 11 of C4

\$4,889.68

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

Report Date

MATT SHEA (COMMITTEE TO ELECT MATT SHEA)

04/01/20

04/30/20

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
04/11/20	MATT SHEA PO BOX 142180 SPOKANE VALLEY, WA 99214		REIMB FOR HOME GOODS SECURITY CURTAIN	\$65.32
04/11/20	MATT SHEA PO BOX 142180 SPOKANE VALLEY, WA 99214		REIMB FOR SKYPE RENEWAL	\$52.26
04/28/20	MERRI NICKERSON 4711 S FARR RD SPOKANE, WA 99206		ACCOUNTING & PDC REPORTS	\$316.08

Attachment to Schedule A Additional Deposits

for the period: 04/01/20 04/30/20

Name

MATT SHEA (COMMITTEE TO ELECT MATT SHEA)

MATT SHEA (COM	MITTEE TO ELECT	MATT SHEA)			
Date of Deposit	Amount	Date of Deposit	Amount	Date of Deposit	Amount
04/15/20	\$700.00				
04/17/20	\$1,100.00				
04/21/20	\$25.00				
04/22/20	\$25.00				
04/23/20	\$525.00				
04/22/20	\$50.00				
04/24/20	\$1,285.00				
04/29/20	\$200.00				
04/29/20	\$250.00				
04/28/20	\$117.76				
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IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

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

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

MATT SHEA (COMMITTEE TO ELECT MATT SHEA)

Report Date 04/01/20 04/30/20

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

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	P R I	E	If total over \$100, Employer Name, City, State & Occup
4/11/20	MERRI NICKERSON 4711 S FARR RD SPOKANE, WA 99206	ACCOUNTING & PDC REPORTS	\$79.02	\$198.49		OK	EMPLOYED ANE WA
		TOTAL THIS PAGE	\$79.02				

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

SCHEDULE TO C4 B

6

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

MATT SHEA (COMMITTEE TO ELECT MATT SHEA)

Report Date

04/01/20 04/30/20

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
04/30/2020	ACN PO BOX 31000 SPOKANE WA, 99223	1312.52		APRIL RADIO BROADCASTING
	TOTAL TH	IIS PAGE 1312.52		1