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
100737636
12-12-2016

Candidate or Committee Name (Do not abbreviate. Include full name)
NOEL FRAME (Friends of Noel Frame)

Mailing Address: PO Box 99143
City: Seattle, WA

Zip + 4	Office Sought (Candidates)	Election Date
98139	STATE REPRESENTATIVE	2016

Report Period Covered	From (last C-4)	To (end of period)	Final Report?
	11/01/16	11/30/16	Yes No X

***For PACs, Parties & Caucus Committees**: During this report period, did the committee make an **independent expenditure** (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate?

RECEIPTS — *See next page

		Yes	No
1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet)		$ 67,230.59	
2. Cash received (From line 2, Schedule A)	$ 2,866.00		
3. In kind contributions received (From line 1, Schedule B)	215.40		
4. Total cash and in kind contributions received this period (Line 2 plus 3)		3,081.40	
5. Loan principal repayments made (From line 2, Schedule 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 contributions during campaign (Combine lines 1, 4 & 7)		70,311.99	
9. Total pledge payments due (From line 2, Schedule B)	0.00		

EXPENDITURES

10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet)		51,310.51
11. Total cash expenditures (From line 4, Schedule A)	1,758.48	
12. In kind expenditures (goods & services) (From line 1, Schedule B)	215.40	
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)		1,973.88
14. Loan principal repayments made (From line 2, Schedule 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 expenditures during campaign (Combine lines 10, 13 and 16)		53,284.39

CANDIDATES ONLY

	Won	Lost	Unopposed	Name not on ballot
Primary election	X			
General election	X			

Treasurer's Daytime Telephone No.: (206)682-7328

CASH SUMMARY

18. Cash on hand (Line 8 minus line 17) [Line 18 should equal your bank account balance(s) plus your petty cash balance.]	17,027.60
19. Liabilities: (Sum of loans and debts owed)	0.00
20. Balance (Surplus or deficit) (Line 18 minus line 19)	17,027.60

CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.

Candidate's Signature	Date	Treasurer's Signature	Date
NOEL FRAME	12/12/16	Suzanne Naughton	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4 **A** (11/93)

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

NOEL FRAME (Friends of Noel Frame) | 11/01/16 | 11/30/16

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
11/02/2016	36.00	11/16/2016	1,200.00			
11/02/2016	1,500.00	11/10/2016	80.00			
11/11/2016	50.00					

2. TOTAL CASH RECEIPTS — Enter also on line 2 of C4 $ 2,866.00

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:

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;
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	162.92
11/03/16	MCKENNA HARTMAN CONSULTING LLC 2440 Western Ave Ste 511 Seattle, WA 98121		MCKENNA HARTMAN CONSULTING LLC,Consulting	1,000.00
11/08/16	NOEL FRAME 1218 19TH AVE E SEATTLE, WA 98112		Mileage Reimbursement	595.56

Total from attached pages $ 0.00

4. TOTAL CASH EXPENDITURES — Enter also on line 11 of C4 $ 1,758.48

IN KIND CONTRIBUTIONS, PLEDGES, ORDERS, DEBTS, OBLIGATIONS

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

Candidate or Committee Name (Do not abbreviate. Use full name.)
NOEL FRAME (Friends of Noel Frame)

Report Date
11/01/16 11/30/16

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

Date Received	Contributor's Name and Address	Description of Contribution	Fair Market Value	Aggregate Total	PRI	GEN	If total over $100, Employer Name, City, State & Occup
11/02/16	ASIAN PACIFIC ISLANDER 409 Maynard Ave S Ste B Seattle, WA 98104	Advertising	215.40	215.40		X	
		TOTAL THIS PAGE	215.40				