

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100811329

02-09-2018

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

| HOMAS E DENT (State I                                                                                                                               | Representative :                                      | Tom Dent                       | : Campaign Su                  | rplus Account)                                                                                          |                                  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------|--|--|--|
| Mailing Address<br><b>01 S Pioneer Way</b>                                                                                                          |                                                       |                                |                                | City<br>Moses Lake, WA                                                                                  |                                  |  |  |  |
| + 4 Office Sought (Candidates) Election Date 2016                                                                                                   |                                                       |                                |                                | *For PACs, Parties & Caucus Committees: Duri<br>this report period, did the committee make an independe |                                  |  |  |  |
| Report Period From (last C-4)                                                                                                                       | ) To (end of                                          | period)                        | Final Report?                  | expenditure (i.e., an expense supporting or opposing a state                                            | e not considered a contribution) |  |  |  |
| O1/01/18                                                                                                                                            | 01/31                                                 | Yes No X                       | supporting or opposing a state | e or local carididate !                                                                                 |                                  |  |  |  |
| RECEIPTS                                                                                                                                            |                                                       |                                |                                | *See next page                                                                                          | Yes No                           |  |  |  |
| Previous total cash and in kind<br>(if beginning a new campaign                                                                                     | d contributions (From line or calendar year, see inst | 8, last C-4)<br>truction bookl | let)                           |                                                                                                         | \$ \$73,428.23                   |  |  |  |
| 2. Cash received (From line 2, S                                                                                                                    | chedule A)                                            |                                |                                | ··· \$ \$0.00                                                                                           |                                  |  |  |  |
| 3. In kind contributions received                                                                                                                   | (From line 1, Schedule B)                             | )                              |                                | \$0.00                                                                                                  |                                  |  |  |  |
| 4. Total cash and in kind contribu                                                                                                                  | utions received this period                           | d (Line 2 plus                 | 3)                             |                                                                                                         | \$0.00                           |  |  |  |
| 5. Loan principal repayments ma                                                                                                                     | ade (From line 2, Schedule                            | e L)                           |                                | \$0.00                                                                                                  |                                  |  |  |  |
| 6. Corrections (From line 1 or 3,                                                                                                                   | Schedule C)                                           |                                | Show + or (                    | \$0.00                                                                                                  |                                  |  |  |  |
| 7. Net adjustments this period (C                                                                                                                   | Combine line 5 & 6)                                   |                                |                                | Show + or (-)                                                                                           | \$0.00                           |  |  |  |
| 8. Total cash and in kind contribu                                                                                                                  | \$73,428.23                                           |                                |                                |                                                                                                         |                                  |  |  |  |
| 9. Total pledge payments due (F                                                                                                                     | rom line 2, Schedule B)                               |                                | \$0.00                         |                                                                                                         |                                  |  |  |  |
| EXPENDITURES                                                                                                                                        |                                                       |                                |                                |                                                                                                         |                                  |  |  |  |
| <ol><li>Previous total cash and in kind<br/>(If beginning a new campaign</li></ol>                                                                  | d expenditures (From line or calendar year, see inst  | 17, last C-4)<br>truction book | let)                           |                                                                                                         | \$41,662.61                      |  |  |  |
| 11. Total cash expenditures (From                                                                                                                   |                                                       |                                |                                |                                                                                                         |                                  |  |  |  |
| 12. In kind expenditures (goods &                                                                                                                   |                                                       |                                |                                |                                                                                                         |                                  |  |  |  |
| 13. Total cash and in kind expend                                                                                                                   |                                                       |                                |                                | •                                                                                                       | \$310.47                         |  |  |  |
| 14. Loan principal repayments ma                                                                                                                    | ade (From line 2, Schedule                            | e L)                           |                                | \$0.00                                                                                                  |                                  |  |  |  |
| 15. Corrections (From line 2 or 3,                                                                                                                  | Schedule C)                                           |                                | Show + or (                    | \$0.00                                                                                                  |                                  |  |  |  |
| 16. Net adjustments this period (C                                                                                                                  | Combine lines 14 & 15)                                |                                |                                | Show + or (-)                                                                                           | \$0.00                           |  |  |  |
| 17. Total cash and in kind expend                                                                                                                   | litures during campaign (C                            | Combine lines                  | s 10, 13 and 16)               |                                                                                                         | \$41,973.08                      |  |  |  |
| CANDIDATES ONLY  Won Lost U                                                                                                                         |                                                       | SH SUMMAR                      |                                | 17)                                                                                                     | 621 AEE 1E                       |  |  |  |
|                                                                                                                                                     |                                                       | Line 18 should ed              | \$31,455.15                    |                                                                                                         |                                  |  |  |  |
| Primary election                                                                                                                                    | ots owed)                                             | \$0.00                         |                                |                                                                                                         |                                  |  |  |  |
| Treasurer's Daytime Telephone No<br>(509)750-4263                                                                                                   | 18 minus line 19)                                     | \$31,455.15                    |                                |                                                                                                         |                                  |  |  |  |
| 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                                                  | е                              | Date                           |                                                                                                         |                                  |  |  |  |
| THOMAS DENT                                                                                                                                         | DENT 02/09/18 Lucinda West                            |                                |                                |                                                                                                         | 02/09/18                         |  |  |  |

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

**A**(11/93)

2

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

Report Date

| THOMAS E DENT (                                                                                                             | State Repres | sentative I     | om Dent | Campaign | n Surplus      | Account)01/01/18           | 3  | 01/31/18       |
|-----------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|---------|----------|----------------|----------------------------|----|----------------|
| 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 deposi | t Amount                   |    | Total deposits |
|                                                                                                                             |              |                 |         |          |                |                            |    |                |
|                                                                                                                             |              |                 |         |          |                |                            |    |                |
|                                                                                                                             |              |                 |         |          |                |                            |    |                |
|                                                                                                                             |              |                 |         |          |                |                            |    |                |
| 2. TOTAL CASH REC                                                                                                           | EIPTS        |                 |         |          |                | Enter also on line 2 of C4 | \$ | \$0.00         |
|                                                                                                                             |              |                 |         |          |                |                            |    |                |

**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
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals M Management/Consulting Services
- W Wages, Salaries, Benefits

Enter also on line 11 of C4

\$310.47

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 |       | Amount   |
|-----------|---------------------------------------------------------------------|------|---------------------------------------|-------|----------|
| N/A       | Expenses of \$50 or less                                            | N/A  | N/A                                   |       |          |
| 01/08/18  | UPS STORE<br>South Pioneer Way<br>Moses Lake, WA 98837              |      | mailbox                               |       | \$80.93  |
| 01/18/18  | COLUMBIA BASIN ELK FOUNDATION<br>Moses Lake<br>Moses Lake, WA 98837 |      | donation                              |       | \$80.00  |
| 01/19/18  | MOSES LAKE CHAMBER Division Street Moses Lake, WA 98837             |      | dues                                  |       | \$100.00 |
| 01/31/18  | UPS STORE<br>South Pioneer Way<br>Moses Lake, WA 98837              |      | mailing                               |       | \$46.54  |
| 01/31/18  | WASHINGTON TRUST BANK 4th Avenue Moses Lake, WA 98837               |      | service chg                           |       | \$3.00   |
|           |                                                                     |      |                                       |       |          |
|           |                                                                     | 1    | Total from attached page              | es \$ | \$0.00   |