

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4 (3/97)	PDC OFFICE USE
	100752318
	03-10-2017

Candidate or Committee Name (Do not abbreviate. Include full name)
THOMAS E DENT (State Representative Tom Dent Campaign Surplus Account)

Mailing Address: 601 S Pioneer Way
 City: Moses Lake, WA

Zip + 4 98837	Office Sought (Candidates) STATE REPRESENTATIVE	Election Date 2016
Report Period Covered From (last C-4) 02/01/17	To (end of period) 02/28/17	Final Report? 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)	\$		73,428.23
2. Cash received (From line 2, Schedule A)	\$	0.00	
3. In kind contributions received (From line 1, Schedule B).....		0.00	
4. Total cash and in kind contributions received this period (Line 2 plus 3).....			0.00
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)			73,428.23
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)		32,997.95
11. Total cash expenditures (From line 4, Schedule A)	550.81	
12. In kind expenditures (goods & services) (From line 1, Schedule B)	0.00	
13. Total cash and in kind expenditures made this period (Line 11 plus line 12).....		550.81
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).....		33,548.76

CANDIDATES ONLY				Name not
Won	Lost	Unopposed		on ballot
Primary election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treasurer's Daytime Telephone No.:
(509) 750-4263

CASH SUMMARY	
18. Cash on hand (Line 8 minus line 17)	39,879.47
[Line 18 should equal your bank account balance(s) plus your petty cash balance.]	
19. Liabilities: (Sum of loans and debts owed)	0.00
20. Balance (Surplus or deficit) (Line 18 minus line 19)	39,879.47

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 THOMAS DENT	Date 03/10/17	Treasurer's Signature Lucinda West	Date
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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 Representative Tom Dent Campaign Surplus Account) 02/01/17 02/28/17

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

2. TOTAL CASH RECEIPTS 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:

- 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
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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	
02/02/17	SAFEWAY FUEL Main street Tumwater, WA 98513		fuel	59.30
02/06/17	ASTRO Main street Ellensburg, WA 98926		fuel	39.34
02/09/17	LEAD DEVELOPMENT Main Street Olympia, WA 98926		fuel	80.00
02/10/17	BUDDY BAY CAFE Main street Olympia, WA 98509		food	25.84
02/13/17	SHELL SERVICE STATION I-90 Issaquah, WA 99300		fuel	46.14
02/13/17	ANTHONY'S HOMEPORT Main Street Olympia, WA 98501		lodging	30.33

Total from attached pages \$ 269.86

4. TOTAL CASH EXPENDITURES Enter also on line 11 of C4 \$ 550.81

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

Report Date

THOMAS E DENT (State Representative Tom Dent Campaign Surplus Account)02/01/17

02/28/17

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
02/13/17	TEXACO Stevenson Stevenson, WA 98834		fuel	56.32
02/16/17	ANTHONY'S HOMEPORT Main Street Olympia, WA 98501		lodging	30.06
02/21/17	SHELL SERVICE STATION I-90 Issaquah, WA 99300		fuel	62.55
02/21/17	ASTRO Main street Ellensburg, WA 98926		fuel	57.07
02/28/17	CHEVRON North Bend North Bend, WA 00686		fuel	60.86
02/28/17	WASHINGTON TRUST BANK 4th Avenue Moses Lake, WA 98837		bank chg	3.00