

# 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<br>98837         | Office Sought (Candidates)<br>STATE REPRESENTATIVE | Election Date<br>2016          |
| Report Period<br>Covered | From (last C-4)<br>02/01/17                        | To (end of period)<br>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)<br>(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)<br>(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**

|                  | Won                      | Lost                     | Unopposed                | Name not 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<br>THOMAS DENT | Date<br>03/10/17 | Treasurer's Signature<br>Lucinda West | Date |
|--------------------------------------|------------------|---------------------------------------|------|

# CASH RECEIPTS AND EXPENDITURE

**SCHEDULE A**  
to C4  
(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

### 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<br>(Name and Address)              | Code | Purpose of Expense<br>and/or Description | Amount |
|-----------|--|------|--|--------|
| N/A       | Expenses of \$50 or less                               | N/A  | N/A                                      |        |
| 02/02/17  | SAFEWAY FUEL<br>Main street<br>Tumwater, WA 98513      |      | fuel                                     | 59.30  |
| 02/06/17  | ASTRO<br>Main street<br>Ellensburg, WA 98926           |      | fuel                                     | 39.34  |
| 02/09/17  | LEAD DEVELOPMENT<br>Main Street<br>Olympia, WA 98926   |      | fuel                                     | 80.00  |
| 02/10/17  | BUDDY BAY CAFE<br>Main street<br>Olympia, WA 98509     |      | food                                     | 25.84  |
| 02/13/17  | SHELL SERVICE STATION<br>I-90<br>Issaquah, WA 99300    |      | fuel                                     | 46.14  |
| 02/13/17  | ANTHONY'S HOMEPORT<br>Main Street<br>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)

Page 3

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

Page Total \$ 269.86