

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

| | |
|---------------------|----------------|
| C4 (3/97) | PDC OFFICE USE |
| | 100755608 |
| | 04-10-2017 |

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) 03/01/17 | To (end of period) 03/31/17 | 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) | | 33,548.76 |
| 11. Total cash expenditures (From line 4, Schedule A) | | 829.54 |
| 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)..... | | 829.54 |
| 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)..... | | 34,378.30 |

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"/> |

CASH SUMMARY

| | | |
|---|--|-----------|
| 18. Cash on hand (Line 8 minus line 17) | | 39,049.93 |
| [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) | | 39,049.93 |

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

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 04/10/17 | Treasurer's Signature Lucinda West | Date |
|--------------------------------------|------------------|---------------------------------------|------|

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) 03/01/17 03/31/17

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 (Name and Address) | Code | Purpose of Expense and/or Description | Amount |
|-----------|---|------|--|--------|
| N/A | Expenses of \$50 or less | N/A | N/A | |
| 03/13/17 | SAFEWAY FUEL Main street Tumwater, WA 98513 | | fuel | 27.20 |
| 03/13/17 | ASTRO Main street Ellensburg, WA 98926 | | fuel | 33.26 |
| 03/17/17 | BEST WESTERN LINCO MAIN STREET ELLENSBURG, WA 98652 | | lodging | 111.10 |
| 03/27/17 | SAFEWAY FUEL Main street Tumwater, WA 98513 | | fuel | 25.48 |
| 03/28/17 | HAMPTON INN Main Street ELLENSBURG, WA 98652 | | lodging | 140.92 |
| 03/31/17 | WASHINGTON TRUST BANK 4th Avenue Moses Lake, WA 98837 | | Service charge | 3.00 |

Total from attached pages \$ 488.58

4. TOTAL CASH EXPENDITURES Enter also on line 11 of C4 \$ 829.54

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)03/01/17

03/31/17

| Date Paid | Vendor or Recipient (Name and Address) | Code | Purpose of Expense and/or Description | Amount |
|-----------|---|------|--|--------|
| 03/08/17 | ANZALINE FRAME & ART 4th Ave Moses Lake, WA 98837 | | Picture | 451.16 |
| 03/27/17 | ASTRO Main street Ellensburg, WA 98926 | | fuel | 37.42 |
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Page Total \$ 488.58