

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100820407

03-11-2018

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

JAMES T WILCOX III (C	ommittee to E	Elect JT W	ilcox Su	ırplus	Account)			
Mailing Address PO Box 747	City <b>McKenna, V</b>	<b>VA</b>						
Zip + 4 98558	didates) Election Date 2016			*For PACs, Parties & Caucu this report period, did the committ				
Report Period From (last C-	4) To (er	nd of period)	Final Re	port?				idered a contribution)
Covered 02/01/1	8 02	/28/18	Yes N	lo X	supporting or opp	oosing a state	or local	candidate?
RECEIPTS					*See next page		Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From n or calendar year, see	line 8, last C-4) instruction bool	klet)			 	\$	\$307,172.36
2. Cash received (From line 2,				··· _ \$	\$0.00			
3. In kind contributions received (From line 1, Schedule B)						\$0.00		
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	s 3)			 -		\$0.00
5. Loan principal repayments made (From line 2, Schedule L)						\$0.00		
6. Corrections (From line 1 or 3	, Schedule C)		Sł	now + or (	-)	\$0.00		
7. Net adjustments this period (Combine line 5 & 6)								\$0.00
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7)			 -		\$307,172.36
9. Total pledge payments due (	From line 2, Schedule	B)	\$	0.00				
EXPENDITURES								
<ol><li>Previous total cash and in kir (If beginning a new campaigr</li></ol>	nd expenditures (From n or calendar year, see	e instruction boo	l) klet)			<u>-</u>		\$300,965.11
11. Total cash expenditures (From line 4, Schedule A)								
12. In kind expenditures (goods & services) (From line 1, Schedule B)								
13. Total cash and in kind expen			\$0.00					
14. Loan principal repayments made (From line 2, Schedule L)								
15. Corrections (From line 2 or 3, Schedule C)								
16. Net adjustments this period (Combine lines 14 & 15)								\$0.00
17. Total cash and in kind expen	ditures during campai	gn (Combine line	es 10, 13 and	l 16)				\$300,965.11
CANDIDATES ONLY				\$300,903.II				
	Jnopposed on ballot	18. Cash on hand (Line 8 minus line 17)						\$6,207.25
Primary election								\$0.00
Treasurer's Daytime Telephone No.: 20. Balance (Sur				rplus or deficit) (Line 18 minus line 19)				
(253)220-5590								\$6,207.25
CERTIFICATION: I certify that the in		accompanying sch				the best of my	knowledge	
Candidate's Signature Date Treasurer's Signature					9			Date
JAMES WILCOX III	/11/18	Jason Michaud					03/11/18	

## **CASH RECEIPTS AND EXPENDITURE**

JAMES T WILCOX III (Committee to Elect JT Wilcox Surplus Account)

Amount | Date of deposit

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

SCHEDULE to C4

Amount Date of deposit

(11/93)

02/01/18

Amount

02/28/18

Total deposits

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

Date of deposit

Report Date

needed. The  1) If expendit comm 2) When report 3) If expendit petition	exceptions are: tures are in-kind or earmaritiete, identify the candidate porting payments to vendors tures are made directly or in, use code "V" and provide	ked contributions to a cand or committee in the Descr for travel expenses, identi- ndirectly to compensate a per the following information	idate or con iption block; fy the travel person or er on an attach	nmittee or independer and travel purpositity for soliciting sined sheet: name a	Enter also on line 2 of C4	a candidate on ad ve or reference	or
3. EXPENDITU  a) Expen amour b) Itemiz c) For ea	CODE DEFINITIONS DN NEXT PAGE N O V  RES ditures of \$50 or less, inclust column on the first line be each expenditure of more	elow <u>e than \$50</u> by date paid, na , campaign worker, PR firm	in-kind & tra	g s, etc.) be itemized. Add u	e to gather signatures.  P - Postage, Mailing Perm S - Surveys and Polls F - Fundraising Event Exp T - Travel, Accommodatic M - Management/Consult W - Wages, Salaries, Ber G - General Operation an up these expenditures and show de/description, and amount. card company, attach a list of the services of	penses ons, Meals ing Services refits d Overhead w the total in t	the
Date Paid	Vendor or Recipient (Name and Address)		Code		Purpose of Expense and/or Description		ount
N/A Expenses of		,	N/A		N/A	Allic	7ditt
4. TOTAL CAS	H EXPENDITURES				Total from attached pages Enter also on line 11 of C4	\$ \$	\$0.00 \$0.00