

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100828826

05-09-2018

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

RICH	ARD W MU	RI (Richa	rd W. Muri Su	irplus Acc	ount)				
Mailing Address City P.O. Box 1581 Tacoma, WA									
Zip + 9840:			Office Sought (Cano	•	Election D	ate	*For PACs, Parties & Ca		
	rt Period	From (last C-4		nd of period)	Final Repo	rt?	this report period, did the cor expenditure (i.e., an expens		
Cove		04/01/18	,	/30/18			supporting or opposing a sta		
	IDTO	04/01/10	, UI	/30/10	Yes No		<u>.</u>		
KECE	EIPTS						*See next page	Yes No	
1.	Previous tot (if beginning	al cash and in kin g a new campaign	d contributions (From or calendar year, see	line 8, last C-4) e instruction boo) oklet)			\$ \$2,500.	00
			Schedule A)					-	
3. In kind contributions received (From line 1, Schedu							=		
4.	4. Total cash and in kind contributions received this period (Line 2 plus 3)								
5.	Loan princip	pal repayments ma	ade (From line 2, Sch	edule L)			\$0.00	_	
6.	Corrections	(From line 1 or 3,	Schedule C)		Sho	w + or (\$0.00	_	
							Show + or (-)	\$0.	00
8.	Total cash a	and in kind contrib	utions during campai	gn (Combine lin	es 1, 4 & 7)			\$2,500.	00
9.	Total pledge	e payments due (F	From line 2, Schedule	B)	\$0	.00			
	NDITURES								
10.	Previous tot (If beginning	al cash and in kin g a new campaign	d expenditures (From or calendar year, see	line 17, last C- e instruction bod	4) bklet)			\$1,790.	00
							\$5.00	2	
12. In kind expenditures (goods & services) (From line 1, Schedule			1, Schedule B)			··· \$0.00	ם		
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)								00	
14. Loan principal repayments made (From line 2, Schedule L)						<u>)</u>			
15.	Corrections	(From line 2 or 3,	Schedule C)		Sho	w + or (\$0.00	<u> </u>	
16.	Net adjustm	ents this period (Combine lines 14 & 1	5)			Show + or (-)	<u> </u>	00
17.	Total cash a	and in kind expend	ditures during campai	gn (Combine lin	es 10, 13 and 1	6)		\$1,795.	00
CAN	DIDATES ON		Name not	CASH SUMM			\		
		Won Lost U	Jnopposed on ballot				17)nce(s) plus your petty cash balance.]	\$705.	00
Primary election			ots owed)	<u> </u>	00				
Treasurer's Daytime Telephone No.:) (Linc	19 minus lino 10\				
(253)235-9296			20. Balance (Surplus or deficit) (Line 18 minus line 19)			\$705.	00		
	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					Treasurer's Signature			Date	
RICHARD MURI 05/			/09/18	Jason Michaud			05/09/18		

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

Enter also on line 11 of C4 \$

\$5.00

4. TOTAL CASH EXPENDITURES

Carididate of Col	minilitee Name (Do not ab	breviale. Ose iuli riame.)			110	port bate
RICHARD W M	TURI (Richard W.	Muri Surplus A	.ccount)		04/01/18	04/30/18
 CASH RECE 	EIPTS (Contributions) which	h have been reported on	C3. List each	deposit made since last C	4 report was submitted.	
Date of deposit	Amount	Date of deposit	Amou	nt Date of deposit	Amount	Total deposits
2. TOTAL CASI	H RECEIPTS			Enter	also on line 2 of C4	\$0.00
1) If expendit commi 2) When repo 3) If expendit petition amoun CO CO CO 3. EXPENDITU		e Description block; and on a statewide initiative ess of each person/entity er signatures. Postage, Mailing Permits Surveys and Polls Fundraising Event Exper Travel, Accommodations Management/Consulting Wages, Salaries, Benef General Operation and Consulting Con	or referendum v compensated, s nses s, Meals g Services its Overhead			
amoun b) Itemize c) For ea	ditures of \$50 or less, incluit column on the first line be e each expenditure of more ich payment to a candidate of receipts/invoices support	elow <u>e than \$50</u> by date paid, r , campaign worker, PR fi	name and addre	ss of vendor, code/descr agency or credit card con	iption, and amount. npany, attach a list of de	
Date Paid		r Recipient d Address)	Code	Purpose of E and/or Desc		Amount
N/A	Expenses of	,	N/A	N/A	оприол	\$5.00

Date Paid	(Name and Address)	Code	and/or Description	Aı	mount
N/A	Expenses of \$50 or less	N/A	N/A		\$5.00
			Total from attached pag	es \$	\$0.00