PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100837140

C4

(3/97)

06-11-2018

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 Lak | City Moses Lake, WA | | |
| Zip + 4 98837 | | Office Sought (Canc STATE REPRES | , | Election Date 2016 | | | ICUS Committees: During mittee make an independent | |
| Report Period | From (last C-4 | 4) To (er | nd of period) | Final Report? | expenditure (i.e | e., an expense | not considered a contribution | |
| Covered | 05/01/18 | 8 05 | /31/18 | Yes No X | supporting or op | posing a state | e or local candidate? | |
| RECEIPTS | | | | | *See next page | | Yes No | |
| 1. Previous to (if beginning | tal cash and in kir g a new campaigr | nd contributions (From n or calendar year, see | i line 8, last C-4) e instruction boo | klet) | | ······ | \$ \$73,428.23 | 3 |
| 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 a | and in kind contrib | outions received this p | eriod (Line 2 plu | ıs 3) | | | \$0.00 |) |
| 5. Loan princi | pal repayments m | ade (From line 2, Sch | edule L) | | | \$0.00 | | |
| 6. Corrections | 6. Corrections (From line 1 or 3, Schedule C) Show + or | | | | (-) | \$0.00 | | |
| 7. Net adjustn | 7. Net adjustments this period (Combine line 5 & 6) | | | | | | \$0.00 |) |
| 8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7) | | | | | | | \$73,428.23 | 3 |
| 9. Total pledge | e payments due (l | 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) | | | | | | | | |
| 11. Total cash expenditures (From line 4, Schedule A) | | | | | <u>\$</u> | 1,543.71 | | |
| 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) | | | | | | | \$1,543.71 | L |
| 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) | | | | | | how + or (-) | \$0.00 | <u>)</u> |
| 17. Total cash a | and in kind expen | ditures during campai | gn (Combine line | es 10, 13 and 16) | | | \$45,286.72 | 2 |
| CANDIDATES ONLY Name not CASH SUMMARY Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17 | | | | | 17) | | | |
| Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) Primary election Image: Cash on ballot Image: Cash on b | | | | | | | <i>Q20711101</i> | <u> </u> |
| General election | | | | | ebts owed) | | \$0.00 | 2 |
| Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit | | | | urplus or deficit) (Line | e 18 minus line 19) | | 400 444 | 1 |
| (509)750-4263 \$28,141.51 | | | | | | | L | |
| 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 | | | | | | | | |
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| THOMAS DEN | Т | 06. | /11/18 | Lucinda West | | | 06/11/18 | |

CASH RECEIPTS AND EXPENDITURE



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

Report Date THOMAS E DENT (State Representative Tom Dent Campaign Surplus Account)05/01/18 05/31/18 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 <u>\$0.0</u>0

Enter also on line 2 of C4

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;
- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and 2)

If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum 3) 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.

> C - Contributions (monetary, in-kind & transfers) I - Independent Expenditures

CODE DEFINITIONS ON NEXT PAGE

- 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

2

- 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 ..
- Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount. b)
- 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 | | |
| 05/08/18 | MOSES LAKE RODEO ASSOCIATION Grant County Fairgrounds Moses Lake, WA 98837 | | ADS | | \$600.00 |
| 05/10/18 | NRA 601 S Pioneer Way Moses Lake, WA 98837 | | NRA Banquet | | \$140.00 |
| 05/14/18 | CHEVRON North Bend North Bend, WA 00686 | | FUEL | | \$64.46 |
| 05/15/18 | WASHINGTON SECRETARY OF STATE CAPITAL HILL OLYMPIA, WA 95444 | | FILING FEE | | \$477.76 |
| 05/15/18 | CHILL AXLE MAIN STREET OLYMPIA, WA 95444 | | VEHICLE MAINTENANCE | | \$250.00 |
| 05/23/18 | ZIGGIYS WHEELER ROAD MOSES LAKE, WA 98837 | | SUPPLIES | | \$8.49 |
| 4. TOTAL CA | SH EXPENDITURES | | Total from attached pages Enter also on line 11 of C4 | \$ \$ | \$3.00 \$1,543.71 |

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

Page 3

Report Date

THOMAS E DENT (State Representative Tom Dent Campaign Surplus Account)05/01/18 05/31/18

| Date Paid | Vendor or Recipient (Name and Address) | Code | Purpose of Expense and/or Description | Amount |
|-----------|---|------|--|--------|
| 05/31/18 | WASHINGTON TRUST BANK 4th Avenue Moses Lake, WA 98837 | | SERVICE CHARGE | \$3.00 |
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Page Total \$ \$3.00