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

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100851675

08-09-2018

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

DREW MACEWEN (Drew MacEwen Surplus Account)							
Mailing Address City P.O. Box 651 Union, WA							
Zip + 4 Office Sought (Candidates) Election Date 98592 STATE REPRESENTATIVE 2018 *For PACs, Parties & Caucus this report period, did the committee							
Report Period From (last C-4) To (end of period) Final Report? expenditure (i.e., an expense not committee							
Covered 03/01/18 03/31/18 Yes No X supporting or opposing a state or local	ocal candidate?						
*See next page Yes	s No						
Previous total cash and in kind contributions (From line 8, last C-4)     (if beginning a new campaign or calendar year, see instruction booklet)	\$13,146.00						
2. Cash received (From line 2, Schedule A)							
3. In kind contributions received (From line 1, Schedule B)							
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)							
6. Corrections (From line 1 or 3, Schedule C)							
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)	\$13,146.00						
9. Total pledge payments due (From line 2, Schedule B)							
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)	\$12,804.65						
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 expenditures made this period (Line 11 plus line 12)	\$6.00						
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 expenditures during campaign (Combine lines 10, 13 and 16)	\$12,810.65						
CANDIDATES ONLY  Name not  Won Lost Unopposed on ballot  18. Cash on hand (Line 8 minus line 17)	¢225 25						
[Line 18 should equal your bank account balance(s) plus your petty cash balance.]							
Primary election	19. Liabilities: (Sum of loans and debts owed)						
Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus line 19)	\$335.35						
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							
DREW MACEWEN 08/09/18 Cherry L Pentony	08/09/18						

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

2

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

eport Date

Candidate or Co	didate or Committee Name (Do not abbreviate. Use full name.)				кероп рате	
DREW MACEWE	EN (Drew MacEwen	Surplus Account	)		03/01/18	03/31/18
1. CASH RECE	EIPTS (Contributions) which	ch have been reported on C	3. List each	deposit made since last (	C4 report was submitted.	
Date of deposit	Amount	Date of deposit	Amou	nt Date of deposit	Amount	Total deposits
2. TOTAL CAS	H RECEIPTS	1		Ente	r also on line 2 of C4	\$0.00
needed. The 1) If expendi comm 2) When rep 3) If expendi petitio amour	exceptions are: tures are in-kind or earmar ittee, identify the candidate orting payments to vendors tures are made directly or i n, use code "V" and provid nt paid each during the rep  CODE DEFINITIONS DN NEXT PAGE B N O	ked contributions to a cand a or committee in the Description of travel expenses, identified the following information of the following information in the following in the follow	idate or comreption block; fy the travele person or entron an attache ve total paid a in-kind & tranting adio, TV) al Advertising igns, buttons.	r and travel purpose in the ty for soliciting signatures and sheet: name and addrall persons to date to gath (sfers)  P- S- F- T- M- etc.)	e Description block; and son a statewide initiative ess of each person/entity	candidate or or referendum or compensated, s nses s, Meals g Services its
amour b) Itemiz c) For ea	ditures of <u>\$50 or less</u> , inclunt column on the first line be each expenditure of more	e than \$50 by date paid, na e, campaign worker, PR firm	me and addr	ess of vendor, code/desc	ription, and amount.	
Date Paid		r Recipient nd Address)	Code	Purpose of and/or Des		Amount
N/A	Expenses of	,	N/A	N/A	on profit	\$6.00

Date Paid	(Name and Address)	Code	and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	\$6.00
			Total from attached page	es \$ \$0.00