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 100856542

09-06-2018

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

| DREW MACEWEN (Drew MacEwen Surplus Account) | | | | | | | | |
|---|--|--|-------------|----------|--------|---|---------------|-------------|
| Mailing Address P.O. Box 651 | | | | | | City Union, WA | | |
| Zip + 4 | Office Sought (Cand | didataa) | Floor | D-1- | | | | |
| 98592 | STATE REPRES | | 2018 | on Date | | For PACs, Parties & Can his report period, did the com | | |
| Report Period From (last C- | | nd of period) | | Report? | | expenditure (i.e., an expense | | |
| Covered 08/01/1 | 8 08 | /31/18 | Yes | No X | 8 | supporting or opposing a state | e or local ca | andidate? |
| RECEIPTS | | | | | | *See next page | Yes | No |
| | | | | | | See next page | 162 | No |
| Previous total cash and in king (if beginning a new campaign | nd contributions (From n or calendar year, see | n line 8, last C-4) e instruction boo | klet) | | | | \$ | \$13,146.00 |
| 2. Cash received (From line 2, | Schedule A) | | | | | \$ \$10,000.00 | | |
| 3. In kind contributions received (From line 1, Schedule B) | | | | \$0.00 | | | | |
| 4. Total cash and in kind contril | outions received this p | period (Line 2 plu | ıs 3) | | | | | \$10,000.00 |
| 5. Loan principal repayments m | | | | | | | | |
| 6. Corrections (From line 1 or 3 | , Schedule C) | | | Show + c | or (-) | \$0.00 | | |
| 7. Net adjustments this period (| Combine line 5 & 6) | | | | | Show + or (-) | | \$0.00 |
| 8. Total cash and in kind contril | outions during campai | gn (Combine line | es 1, 4 & 7 |) | | | | \$23,146.00 |
| 9. Total pledge payments due (| From line 2, Schedule | e B) | | \$0.00 | 0 | | | |
| EXPENDITURES | | • | | • | | | | |
| Previous total cash and in king (If beginning a new campaign | nd expenditures (From n or calendar year, see | n line 17, last C-4 e instruction boo | 1) klet) | | | | | \$13,048.15 |
| 11. Total cash expenditures (Fro | m line 4, Schedule A) | | | | | \$5,006.00 | | |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) | | | | \$0.00 | | | | |
| 13. Total cash and in kind expen | | | | | | • | | \$5,006.00 |
| 14. Loan principal repayments made (From line 2, Schedule L) | | | | | | | | |
| 15. Corrections (From line 2 or 3 | , Schedule C) | | | Show + c | or (-) | \$0.00 | | |
| 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 a | and 16) | | | | \$18,054.15 |
| CANDIDATES ONLY Name not CASH SUMMARY | | | | | | | | |
| Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) | | | | | | • | | \$5,091.85 |
| Primary election | | | | | | | | |
| General election | | | | | | \$0.00 | | |
| Treasurer's Daytime Telephone N | 20. Balance (Surplus or deficit) (Line 18 minus line 19) | | | | | | | |
| | | | | | | \$5,091.85 | | |
| CERTIFICATION: 1 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 | | | | | | | Data | |
| Candidate's Signature | | Treasurer's Signature | | | | Date | | |
| DREW MACEWEN | 09 | /06/18 | Cherry | L Pe | nto | ony | C | 9/06/18 |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

| DREW MACEWEN (Drew MacEwe | n Surplus Account) | | | 08/01/18 | 08/31/18 |
|------------------------------------|--------------------------------|-----------------|--------------------------|----------------------|-------------------------|
| 1. CASH RECEIPTS (Contributions) w | nich have been reported on C3. | . List each dep | oosit made since last C4 | report was submitted | d. |
| Date of deposit Amoun | t Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| 08/09/2018 \$10,000.0 | | | | | |
| • • | | | | | |
| | | | | | |
| 0 TOTAL 040U DECEIPTO | | | <u> </u> | " 0 (04 | ¢ . |
| 2. TOTAL CASH RECEIPTS | | | Enter al | so on line 2 of C4 | [⊅] \$10,000.0 |

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)
- 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..
- 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 | , | \$6.00 |
| 08/20/18 | HOUSE REPUBLICAN ORGANIZATIONAL P.O. Box 7222 Olympia, WA 98507 | | contribution | | \$5,000.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total from attached page | s \$ | \$0.00 |

Enter also on line 11 of C4

\$5,006.00