

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100856692

09-07-2018

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

OHN R MCCOY	(surplus	account)					
Mailing Address  O. Box 1821		City Marysville, WA					
Zip + 4 Office Sought (Cand 8270 STATE SENATO				*For PACs, Parties & Caucu this report period, did the committe			
Report Period	From (last C-4	To (er	nd of period)	Final Report?	expenditure (i.e., an expense		
Covered	02/01/14	1 02	/28/14	Yes No X	supporting or opposing a stat	<u>e or loca</u>	<u>al candidate</u> ?
RECEIPTS					*See next page	Yes	No
Previous total c (if beginning a r	ash and in kin new campaign	d contributions (From or calendar year, see	line 8, last C-4 e instruction bo	4) oklet)		\$	\$123,742.76
2. Cash received (	(From line 2, S	Schedule A)			····_\$ \$0.00	_	
3. In kind contribut	tions received	(From line 1, Schedu	ıle B)		\$0.00	_	
4. Total cash and	in kind contrib	utions received this p	eriod (Line 2 p	lus 3)			\$0.00
5. Loan principal r	epayments ma	ade (From line 2, Sch	edule L)		\$0.00	=	
6. Corrections (Fro	om line 1 or 3,	Schedule C)		Show + or	(-) \$0.00	-	
7. Net adjustments	s this period (0	Show + or (-)		\$0.00			
8. Total cash and	in kind contrib	utions during campai	gn (Combine li	nes 1, 4 & 7)			\$123,742.76
9. Total pledge pa	yments due (F	From line 2, Schedule	B)	\$0.00			
EXPENDITURES							
10. Previous total c (If beginning a r	ash and in kin new campaign	d expenditures (From or calendar year, see	n line 17, last C e instruction bo	-4) poklet)			\$123,737.00
11. Total cash expe	enditures (Fror	m line 4, Schedule A)			\$0.00	<u>)</u>	
12. In kind expendit	k services) (From line	\$0.00	1				
							\$0.00
14. Loan principal re	ade (From line 2, Sch	\$0.00	<u>)</u>				
15. Corrections (From line 2 or 3, Schedule C)							
16. Net adjustments	s this period (0	Combine lines 14 & 1	5)		Show + or (-)		\$0.00
17. Total cash and	in kind expend	ditures during campai	gn (Combine li	nes 10, 13 and 16)			\$123,737.00
CANDIDATES ONLY		Name not	CASH SUMM	MARY			
Wor	n Lost U	Inopposed on ballot			17)ance(s) plus your petty cash balance.]		\$5.76
Primary election			bts owed)		\$0.00		
Treasurer's Daytime	Telephone N	o.:					<del></del>
(360)659-436	7		20. Balance (	Surplus or deficit) (Line	18 minus line 19)		\$5.76
CERTIFICATION: 1 ce	ertify that the inf	ormation herein and on	accompanying so	chedules and attachments	is true and correct to the best of my	/ knowled	lge.
Candidate's Signature		Date		Treasurer's Signatur			Date
JOHN MCCOY		09	/07/18	Richard D Le	dford		09/07/18

## **CASH RECEIPTS AND EXPENDITURE**

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

02/01/14

Amount

$\overline{}$
2

02/28/14

Total deposits

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

JOHN R MCCOY (surplus account)

Date of deposit

Report Date

2.	TOTAL CASI	H RECEIPTS			Enter also on line 2 of C4	\$	\$0.00				
	CODES FOR	R CLASSIFYING EXPEND	TURES: If one of the followi	ing codes is us	<del>-</del>	ription is gene					
1) 2) 3)	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										
3.	C - Contributions (monetary, in-kind & transfers) DEFINITIONS ON NEXT PAGE  DEFINITIONS ON NEXT PAGE  C - Contributions (monetary, in-kind & transfers) I - Independent Expenditures S - Surveys and Polls F - Fundraising Event Expenses T - Travel, Accommodations, Meals N - Newspaper and Periodical Advertising O - Other Advertising (yard signs, buttons, etc.) V - Voter Signature Gathering  G - General Operation and Overhead  SEXPENDITURES  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 b) 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.										
Do	te Paid		r Recipient d Address)	Code	Purpose of Expense and/or Description	Amou					
	N/A	Expenses of S	,	N/A	N/A	Amou	<u></u>				
	\$	\$0.00									
4.	\$	\$0.00									