

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100856703

09-07-2018

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

JOHN R MCCOY (surplus	s account)								
Mailing Address P.O. Box 1821						City Marysville,	WA		
Zip + 4 98270	Office Sought (Candida STATE SENATOR	tes)	Electi 2021	ion Da L	te			icus Committees: Durin mittee make an independer	
Report Period From (last C-	4) To (end o	f period)	Final	Repor	t?	expenditure (i.e., a	an expense	not considered a contribution	
Covered 01/01/1	5 01/3	1/15	Yes	No	x	supporting or oppos	sing a state	or local candidate?	
RECEIPTS			<b>,</b>			*See next page		Yes No	
Previous total cash and in kil (if beginning a new campaign	nd contributions (From line n or calendar year, see ins	e 8, last C-4) struction bool	klet)				<u>-</u>	\$ \$172,744.3	37
2. Cash received (From line 2,	Schedule A)					··· _ \$	\$0.00		
3. In kind contributions received	d (From line 1, Schedule E	3)					\$0.00		
4. Total cash and in kind contril	butions received this perio	od (Line 2 plu	s 3)					\$0.0	00
5. Loan principal repayments m	nade (From line 2, Schedu	ıle L)					\$0.00		
6. Corrections (From line 1 or 3	3, Schedule C)			. Show	+ or (	-)	\$0.00		
7. Net adjustments this period (	(Combine line 5 & 6)					Show	w + or (-) _	\$0.0	00
8. Total cash and in kind contril	butions during campaign (	Combine line	es 1, 4 & 7	')				\$172,744.3	37
9. Total pledge payments due (	From line 2, Schedule B)			\$0.	00				
EXPENDITURES									
<ol><li>Previous total cash and in king (If beginning a new campaign</li></ol>	nd expenditures (From lin n or calendar year, see in:	e 17, last C-4 struction boo	l) klet)				<u>-</u>	\$164,737.0	00
11. Total cash expenditures (Fro	om line 4, Schedule A)					···\$	100.00		
12. In kind expenditures (goods	& services) (From line 1,	Schedule B) .					\$0.00		
13. Total cash and in kind expen	nditures made this period (	(Line 11 plus	line 12)				<u> </u>	\$100.0	0
14. Loan principal repayments m	nade (From line 2, Schedu	ıle L)					\$0.00		
15. Corrections (From line 2 or 3	3, Schedule C)			. Show	+ or (	-)	\$0.00		
16. Net adjustments this period (	(Combine lines 14 & 15)					Show	w + or (-) _	\$0.0	00
17. Total cash and in kind expen				and 16	i)			\$164,837.0	00
CANDIDATES ONLY  Won Lost		ASH SUMMA		minu	e line '	17)		\$7,907.3	۲7
						nce(s) plus your petty cash		ψ, γ, σ,	
Primary election	19	). Liabilities:	(Sum of lo	ans ai	nd deb	ots owed)		\$0.0	00
Treasurer's Daytime Telephone N (360)659-4367		). Balance (S	urplus or o	deficit)	(Line	18 minus line 19)		\$7,907.3	37
CERTIFICATION: I certify that the in	formation baroin and an assa	ampanying och	odulos sed	attach	monto:	e true and correct to the	host of my !		
Candidate's Signature	Date	mpanying sch	Treasure				s nest of filly k	Date	
JOHN MCCOY	09/0	7/18	Richa	rd D	Led	lford		09/07/18	

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

Α	
(11/93)	

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

Candidate of Committee N	iaine (Do not ab	bieviale. Ose iuli fiame.	,		110	port Bato
JOHN R MCCOY (sur	plus accou	int)			01/01/15	01/31/15
1. CASH RECEIPTS (Co	ontributions) which	h have been reported or	n C3. List each dep	osit made since last C4	report was submitted.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
2. TOTAL CASH RECEIP	PTS			Enter al	so on line 2 of C4	\$0.00
CODES FOR CLASSII		ITURES: If one of the fol	lowing codes is use	ed to describe an expend	liture, no other descrip	otion is generally

- If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 1) 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..
  - 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.

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		
01/23/15	WSDCO 8425 238th St. SW Apt A Edmonds, WA 989026		Contribution to WSDCO		\$100.00
			Total from attached page	es \$	\$0.00

Enter also on line 11 of C4

\$100.00