

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100856705

09-07-2018

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

JOHN R MCCOY (surplus	account)						
Mailing Address		City					
P.O. Box 1821	T		1	Marysville,	WA		
Zip + 4 98270	Office Sought (Cand		Election Date 2021			ucus Committees: During	
Report Period From (last C-4	4) To (er	nd of period)	Final Report?	expenditure (i.e., a	n expense no	ot considered a contribution)	
Covered 03/01/15	5 03	/31/15	Yes No X	supporting or oppos	<u>ing a state o</u>	r local candidate?	
RECEIPTS				*See next page	١	es No	
Previous total cash and in kir (if beginning a new campaign	nd contributions (From n or calendar year, seલ	line 8, last C-4) instruction bool	klet)		······ <u>\$</u>	\$172,744.37	
2. Cash received (From line 2, §	Schedule A)			···· \$	\$0.00		
3. In kind contributions received	I (From line 1, Schedu		\$0.00				
4. Total cash and in kind contrib	<u> </u>	\$0.00					
5. Loan principal repayments m	ade (From line 2, Sch	····	\$0.00				
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 contrib	<u> </u>	\$172,744.37					
9. Total pledge payments due (I	From line 2, Schedule	B)	\$0.00				
EXPENDITURES							
Previous total cash and in kin (If beginning a new campaigr	nd expenditures (From n or calendar year, see	n line 17, last C-4 e instruction boo	l) klet)		<u> </u>	\$164,837.00	
11. Total cash expenditures (From	\$0.00						
12. In kind expenditures (goods 8	\$0.00						
13. Total cash and in kind expend	<u> </u>	\$0.00					
14. Loan principal repayments m	\$0.00						
15. Corrections (From line 2 or 3,	(-)	\$0.00					
16. Net adjustments this period (/ + or (-)	\$0.00					
17. Total cash and in kind expend		\$164,837.00					
CANDIDATES ONLY		å7 007 27					
Won Lost U	palance.]	\$7,907.37					
Primary election	<u> </u>	\$0.00					
Treasurer's Daytime Telephone N							
(360)659-4367	\$7,907.37						
CERTIFICATION: I certify that the inf		accompanying sch			best of my kno		
Candidate's Signature Date Treasurer's Signatur				re		Date	
JOHN MCCOY	/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

,

03/01/15

Amount

2

03/31/15

Total deposits

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

JOHN R MCCOY (surplus account)

Date of deposit

Report Date

2. TOTAL CAS	H RECEIPTS	•		Enter also on line 2 o	f C4	\$	\$0.00	
needed. The If expendi comm When rep Hermitian	e exceptions are: tures are <u>in-kind or earma</u> ittee, identify the candidate orting payments to vendor tures are made directly or in, use code "V" and provice	rked contributions to a candic e or committee in the Descrip s for travel expenses, identify indirectly to compensate a pe de the following information or	date or commit tion block; the traveler a erson or entity n an attached	sed to describe an expenditure, no other tee or independent expenditures that be not travel purpose in the Description blo for soliciting signatures on a statewide sheet: name and address of each perspersons to date to gather signatures.	enefit a ock; and initiativ	candidate of	or	
	DEFINITIONS L DN NEXT PAGE B N C	 Contributions (monetary, ir Independent Expenditures Literature, Brochures, Print Broadcast Advertising (Rad Newspaper and Periodical Other Advertising (yard sig Voter Signature Gathering 	ing dio, TV) Advertising	S - Surveys and Pol F - Fundraising Eve T - Travel, Accomm M - Management/Co tc.) W - Wages, Salarie	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			
amour b) Itemiz c) For ea	nditures of <u>\$50 or less</u> , incl nt column on the first line b e each expenditure of <u>mor</u>	pelow <u>e than \$50</u> by date paid, name, e, campaign worker, PR firm,	ne and address	emized. Add up these expenditures and soft vendor, code/description, and amougency or credit card company, attach a light	unt.			
Date Paid	Vendor or Recipient (Name and Address)		Code	Purpose of Expense and/or Description		Amount		
N/A	/A Expenses of \$50 or le		N/A	N/A				
4. TOTAL CAS	H EXPENDITURES			Total from attached p	-	\$	\$0.00 \$0.00	