

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100856713

09-07-2018

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

| JOHN R MCCOY (surplus | account) | | | | | | | | |
|--|---|-----------------------------------|----------------|----------|------------------|------------------------------|--------------|---------------|------------------------------------|
| Mailing Address P.O. Box 1821 | | | | | | City Marysville, | , WA | | |
| Zip + 4 98270 | Office Sought (Candida STATE SENATOR | ates) | Electi 2021 | on Date |) | *For PACs, Part | | | nmittees: During se an independent |
| Report Period From (last C-4 | To (end | of period) | Final | Report? | , | expenditure (i.e., | an expense | not consid | dered a contribution) |
| Covered 11/01/1! | 5 11/3 | 30/15 | Yes | No X | ζ. | supporting or oppo | sing a state | e or local ca | andidate? |
| RECEIPTS | | | | | | *See next page | | Yes | No |
| Previous total cash and in kir (if beginning a new campaign | nd contributions (From lir or calendar year, see ir | ne 8, last C-4) estruction boo | klet) | | | | ····· | \$ | \$172,744.37 |
| 2. Cash received (From line 2, § | Schedule A) | | | | | ·· _ \$ | \$0.00 | | |
| 3. In kind contributions received | (From line 1, Schedule | B) | | | | | \$0.00 | | |
| 4. Total cash and in kind contrib | outions received this peri | od (Line 2 plu | ıs 3) | | | | | | \$0.00 |
| 5. Loan principal repayments m | | | | | | | \$0.00 | | |
| 6. Corrections (From line 1 or 3, | Schedule C) | | | . Show + | or (- | | \$0.00 | | |
| 7. Net adjustments this period (| | | | | | | - | | \$0.00 |
| 8. Total cash and in kind contrib | outions during campaign | (Combine line | es 1, 4 & 7 | ·) | — | | | | \$172,744.37 |
| 9. Total pledge payments due (l | From line 2, Schedule B) | | | \$0.0 | 00 | | | | |
| EXPENDITURES | | | | | | | | | |
| Previous total cash and in kin (If beginning a new campaigr | id expenditures (From lir i or calendar year, see ir | ne 17, last C-4 estruction boo | 1) klet) | | | | <u>-</u> | | \$165,837.00 |
| 11. Total cash expenditures (From | m line 4, Schedule A) | | | | | | \$0.00 | | |
| 12. In kind expenditures (goods & services) (From line 1, Schedule B) | | | | | | \$0.00 | | | |
| 13. Total cash and in kind expend | ditures made this period | (Line 11 plus | line 12) | | | | ····· | | \$0.00 |
| 14. Loan principal repayments m | ade (From line 2, Sched | ule L) | | | | | \$0.00 | | |
| 15. Corrections (From line 2 or 3, | Schedule C) | | | .Show + | or (- | | \$0.00 | | |
| 16. Net adjustments this period (| Combine lines 14 & 15). | | | | | Sho | w + or (-) | | \$0.00 |
| 17. Total cash and in kind expend | ditures during campaign | (Combine line | es 10, 13 a | and 16). | | | | | \$165,837.00 |
| CANDIDATES ONLY | | ASH SUMMA | | | | | | | |
| Won Lost U | Jnopposed on ballot 1 | | | | | 7)ce(s) plus your petty cash | | | \$6,907.37 |
| General election | | 9. Liabilities: | (Sum of lo | ans and | d debt | s owed) | <u>-</u> | | \$0.00 |
| Treasurer's Daytime Telephone No.: (360)659-4367 20. Balance (Surplus or deficit) (Lir | | | | Line 1 | 8 minus line 19) | - | | \$6,907.37 | |
| CERTIFICATION: I certify that the inf | formation herein and on acc | ompanying sch | | | | | e best of my | knowledge. | |
| Candidate's Signature | | | | | nature | | | | Date |
| JOHN MCCOY | 09/07/18 Richard D Led | | | Led | ford | | (| 9/07/18 | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

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

Report Date

| Candidate of Committee i | Name (Do not ab | bieviale. Ose iuli fiame | •) | | | port Bato |
|--|--------------------------------------|--------------------------|----------------------|---|-----------------------|----------------|
| JOHN R MCCOY (su | 11/01/15 | 11/30/15 | | | | |
| 1. CASH RECEIPTS (C | ontributions) which | h have been reported or | n C3. List each dep | oosit made since last C4 | report was submitted. | |
| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| 2. TOTAL CASH RECEI | PTS | | | Enter a | Iso on line 2 of C4 | \$0.00 |
| needed. The exceptio 1) If expenditures are | ns are: <u>in-kind or earmarl</u> | | andidate or committe | ed to describe an expende ee or <u>independent exper</u> | | , |

- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and
- 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

Enter also on line 11 of C4

\$0.00

- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services W - Wages, Salaries, Benefits
- G General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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 | A | mount |
|-----------|--|------|---------------------------------------|-------|--------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
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| | | | Total from attached pag | es \$ | \$0.00 |