

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100856719

09-07-2018

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

| JOHN R MCCOY (surplus | account) | | | | | | | |
|---|--|---|--------------|-------------|---------------------|------------|-----------|---|
| Mailing Address | | | | | City | 7.73 | | |
| P.O. Box 1821 | 000 | P -1 - (\) | 1 | | Marysville, | WA | | |
| Zip + 4 98270 | Office Sought (Cand | | 2021 | on Date | | | | mmittees: During |
| Report Period From (last C- | | nd of period) | | Report? | | | | ake an <u>independent</u> idered a contribution) |
| Covered 04/01/1 | , | /30/16 | | No X | supporting or oppos | | | |
| | 0 01 | 730710 | res | NO A | | | | |
| RECEIPTS | | | | | *See next page | | Yes | No |
| Previous total cash and in kir (if beginning a new campaign | nd contributions (From n or calendar year, see | line 8, last C-4) instruction boo | klet) | | | <u>-</u> | \$ | \$172,748.01 |
| 2. Cash received (From line 2, | Schedule A) | | | | ···· <u></u> \$ | \$0.00 | | |
| 3. In kind contributions received | d (From line 1, Schedu | ıle B) | | | | \$0.00 | | |
| 4. Total cash and in kind contrib | | | | | | | | \$0.00 |
| 5. Loan principal repayments m | nade (From line 2, Sch | edule L) | | | ···· | \$0.00 | | |
| 6. Corrections (From line 1 or 3 | , Schedule C) | | | . Show + or | (-) | \$0.00 | | |
| 7. Net adjustments this period (| Combine line 5 & 6) | | | | Shov | v + or (-) | | \$0.00 |
| 8. Total cash and in kind contrib | outions during campai | gn (Combine line | es 1, 4 & 7 | ·) | | | | \$172,748.01 |
| 9. Total pledge payments due (| From line 2, Schedule | В) | | \$0.00 | | | | |
| EXPENDITURES 10. Previous total cash and in kir | ad avnandituras (Fram | line 17 last C | 4) | | | | | |
| (If beginning a new campaign | n or calendar year, se | e instruction boo | +) oklet) | | | | | \$166,337.00 |
| 11. Total cash expenditures (Fro | 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 expenditures made this period (Line 11 plus line 12) | | | | | | | \$0.00 | |
| 14. Loan principal repayments made (From line 2, Schedule L) | | | | | | \$0.00 | | |
| 15. Corrections (From line 2 or 3 | | | Show + or | (-) | \$0.00 | | | |
| 16. Net adjustments this period (| Combine lines 14 & 1 | 5) | | | Shov | v + or (-) | | \$0.00 |
| 17. Total cash and in kind expen | ditures during campai | gn (Combine line | es 10, 13 a | and 16) | | | | \$166,337.00 |
| CANDIDATES ONLY | Name not | CASH SUMMA | ARY | | | | | |
| Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) | | | | | | \$6,411.01 | | |
| Primary election | | Lenne no snould equal your bank account balance(s) plus your petty cash balance.] | | | | | | |
| General election | | 19. Liabilities: | (Sum of lo | ans and de | bts owed) | | | \$0.00 |
| Treasurer's Daytime Telephone N | 20. Balance (Surplus or deficit) (Line 18 minus line 19) | | | | | | | |
| (360)659-4367 | | (- | | , () | , | _ | | \$6,411.01 |
| CERTIFICATION: I certify that the in | formation herein and on | accompanying sch | | | | best of my | knowledge | ······································ |
| Candidate's Signature | | Treasurer's Signature | | | Date | | | |
| JOHN MCCOY | N MCCOY 09/07/18 Rich | | | rd D Le | dford | | | 09/07/18 |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

|) | |
|---|--|

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

Report Date

| Oa | indidate of Committee Name | ate of committee Name (De not abbreviate. Ose fair hame.) | | | | | . topon zato | | | |
|-----|-----------------------------|---|-----------------------------------|-----------------------|--------------------------------|--------------------------|-------------------|--|--|--|
| JOH | N R MCCOY (surplu | s accou | ınt) | | | 04/01/16 | ./16 04/30/16 | | | |
| 1. | CASH RECEIPTS (Contribu | itions) whic | h have been reported on | C3. List each dep | osit made since last C4 | report was submitted. | | | | |
| Da | te of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2. | TOTAL CASH RECEIPTS | | | | Enter al | so on line 2 of C4\$ | \$0.00 | | | |
| | CODES FOR CLASSIFYING | EXPEND | TURES: If one of the follo | owing codes is use | ed to describe an expend | liture, no other descrip | tion is generally | | | |
| | needed. The exceptions are: | | | ŭ | · · | , , | , | | | |
| 1) | If expenditures are in-kind | or earmarl | <u>ked contributions</u> to a can | didate or committe | ee or <u>independent expen</u> | ditures that benefit a c | andidate or | | | |
| | | | or committee in the Desc | | | | | | | |
| 2) | | | | | | | | | | |
| 3) | If expenditures are made | , | , , | , | 5 5 | | | | | |
| | • • | | e the following informatior | | | , | compensated, | | | |
| | amount paid each duri | ing the repo | orting period, and cumula | tive total paid all p | ersons 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 | A | mount |
|-----------|--|------|---------------------------------------|-------|--------|
| N/A | Expenses of \$50 or less | N/A | N/A | | |
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| | | | | | |
| | | | Total from attached pag | es \$ | \$0.00 |

Enter also on line 11 of C4

\$0.00