| PO BOX 40 OLYMPIA (360) 753-1 | OL WAY RM 206 0908 WA 98504-0908 | UMMARY ECEIPTS XPENDIT | | EPORT | (3/97) | 1 | PDC OFFICE USE |
|--|---|---|---|-------------------------|------------------|------------|------------------------------------|
| Candidate or Committee Name (D | | ude full name) | | | | | 09-07-2018 |
| JOHN R MCCOY (surplu | is account) | | | | | | |
| Mailing Address | | | | City Marysvil | le, WA | | |
| Zip + 4 | Office Sought (Can | didates) | Election Date | *For PACs, | Parties & Ca | aucus Co | ommittees: During |
| 98270 | STATE SENAT | - | 2021 | this report per | iod, did the cor | nmittee m | nake an independent |
| Report Period From (last C Covered | , | nd of period) | Final Report? | supporting or | | | sidered a contribution) candidate? |
| 12/01/. | 17 12 | 2/31/17 | Yes No 🗴 | <u> </u> | | | |
| RECEIPTS 1. Previous total cash and in k (if beginning a new campaig | kind contributions (Fron gn or calendar year, se | n line 8, last C-4) e instruction boo | klet) | *See next pag | | Yes | No \$172,751.30 |
| 2. Cash received (From line 2) | , Schedule A) | | | \$ | \$2.54 | _ | |
| 3. In kind contributions receive | ed (From line 1, Sched | ule B) | | | \$0.00 | | |
| 4. Total cash and in kind contr | ributions received this (| period (Line 2 plu | s 3) | | | | \$2.54 |
| 5. Loan principal repayments | made (From line 2, Scl | nedule L) | | | \$0.00 | _ | |
| 6. Corrections (From line 1 or | 3, Schedule C) | | Show + | - or (-) | \$0.00 | _ | |
| 7. Net adjustments this period | I (Combine line 5 & 6) | | | | Show + or (-) | | \$0.00 |
| 8. Total cash and in kind contr | ributions during campa | ign (Combine line | es 1, 4 & 7) | <u></u> | | | \$172,753.84 |
| 9. Total pledge payments due | (From line 2, Schedule | e B) | \$0.0 | 00 | | | |
| EXPENDITURES | | | | | | | |
| 10. Previous total cash and in k (If beginning a new campaig | kind expenditures (Fror gn or calendar year, se | n line 17, last C-4 e instruction boo | 1) klet) | | | | \$167,837.00 |
| 11. Total cash expenditures (Fr | rom line 4, Schedule A) |) | | | \$0.00 | <u>)</u> | |
| 12. In kind expenditures (goods | s & services) (From line | e 1, Schedule B). | | ······ | \$0.00 | נ | |
| 13. Total cash and in kind expe | enditures made this per | iod (Line 11 plus | line 12) | | | | \$0.00 |
| 14. Loan principal repayments | made (From line 2, Scl | nedule L) | | ······ | \$0.00 | <u>)</u> | |
| 15. Corrections (From line 2 or 3, Schedule C) | | | Show + | or (-) | \$0.00 | <u>)</u> | |
| 16. Net adjustments this period | I (Combine lines 14 & 1 | 5) | | | Show + or (-) | | \$0.00 |
| 17. Total cash and in kind expe | enditures during campa | ign (Combine line | es 10, 13 and 16). | | | | \$167,837.00 |
| CANDIDATES ONLY Name not CASH SUMMARY | | | | | | | |
| Won Lost | Unopposed on ballot | ballot 18. Cash on hand (Line 8 minus line 17) [Line 18 should equal your bank account balance(s) plus your petty cash balance.] | | | | \$4,916.84 | |
| General election | eral election | | | | | | \$0.00 |
| Treasurer's Daytime Telephone | No.: | 20 Balance (2) | uroluo or deficit) (1 | ino 10 minus line 4 | رد اد | | - |
| (360)659-4367 | | 20. balance (S | | Line 18 minus line 1 | <i></i> | | \$4,916.84 |
| CERTIFICATION: I certify that the i Candidate's Signature | information herein and on Date | accompanying sch | edules and attachme Treasurer's Sign | | to the best of m | y knowledg | e. Date |
| JOHN MCCOY | 09 | /07/18 | Richard D | Ledford | | | 09/07/18 |

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PDC OFFICE USE

CASH RECEIPTS AND EXPENDITURE



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

| | | , | | | | |
|---------------------|--------------------|-------------------------|-------------------|--------------------------|----------------------|----------------|
| JOHN R MCCOY (su | rplus accou | unt) | | | 12/01/17 | 12/31/17 |
| 1. CASH RECEIPTS (C | ontributions) whic | h have been reported on | 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 |
| 12/30/2017 | \$2.54 | | | | | |
| | | | | | | |
| 2. TOTAL CASH RECEI | PTS | | | Enter al | so on line 2 of C4 | \$ \$2.54 |

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- If expenditures are <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) 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.

C - Contributions (monetary, in-kind & transfers)

CODE DEFINITIONS ON NEXT PAGE

- I Independent Expenditures L - Literature, Brochures, Printing
- B Broadcast Advertising (Radio, TV)
- N Newspaper and Periodical Advertising
- O Other Advertising (yard signs, buttons, etc.)
- Votor Signature Cathoring
- V Voter Signature Gathering

P - Postage, Mailing Permits

2 Report Date

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

3. EXPENDITURES

- a) Expenditures of <u>\$50 or less</u>, 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 |

4. TOTAL CASH EXPENDITURES