

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100894332

03-12-2019

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

HOMAS E DENT (State	Representative I	om Dent	Campaign Su	rplus Account)			
Mailing Address 01 S Pioneer Way				City Moses Lake, WA			
Zip + 4 8837	Office Sought (Candidate: STATE REPRESENT		Election Date 2016		ucus Committees: During		
Report Period From (last C-4	To (end of p	period)	Final Report?	expenditure (i.e., an expense	e not considered a contribution)		
Covered 02/01/19	9 02/28	/19	Yes No X	supporting or opposing a stat	<u>e or local candidate</u> ?		
RECEIPTS				*See next page	Yes No		
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8 n or calendar year, see instr	8, last C-4) ruction bookle	et)		\$ \$220,194.23		
2. Cash received (From line 2, §	Schedule A)	···· \$ \$0.00					
3. In kind contributions received	I (From line 1, Schedule B).	\$0.00					
4. Total cash and in kind contrib	outions received this period	(Line 2 plus	3)		\$0.00		
5. Loan principal repayments m	ade (From line 2, Schedule	\$0.00					
6. Corrections (From line 1 or 3	, Schedule C)	\$0.00					
7. Net adjustments this period (Combine line 5 & 6)	Show + or (-)	\$0.00				
8. Total cash and in kind contrib		\$220,194.23					
9. Total pledge payments due (l	From line 2, Schedule B)						
EXPENDITURES							
Previous total cash and in kir (If beginning a new campaigr	or calendar year, see instr	17, last C-4) ruction bookl	et)		\$180,224.56		
11. Total cash expenditures (Fro	m line 4, Schedule A)	\$400.00	1				
12. In kind expenditures (goods 8	& services) (From line 1, Sc	\$0.00	ı				
13. Total cash and in kind expend	\$400.00						
14. Loan principal repayments m	1						
15. Corrections (From line 2 or 3, Schedule C)				\$0.00	1		
16. Net adjustments this period (Combine lines 14 & 15)	Show + or (-)	\$0.00				
17. Total cash and in kind expend	ditures during campaign (C	ombine lines	10, 13 and 16)		\$180,624.56		
CANDIDATES ONLY		SH SUMMAR					
		Cash on hand ine 18 should eq	\$39,569.67				
Primary election	19.1	ots owed)	\$0.00				
Treasurer's Daytime Telephone No.:				19 minus lino 10\			
(509)750-4263	20.8	18 minus line 19)	\$39,569.67				
CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.							
Candidate's Signature	Date	е	Date				
THOMAS DENT	DENT 03/12/19 Lucinda West				03/12/19		

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

THO	MAS E DENT	(State	Repres	sentative	Tom Dent	Campaig	n Surplus	Account)02/01/1	9	02/28/19
1.	CASH RECEIPTS	6 (Contribut	tions) whic	h have been re	ported on C3.	List each dep	osit made since	last C4 report was submitted	ed.	
Dat	e of deposit		Amount	Date of depos	sit	Amount	Date of deposi	t Amount	Т	Total deposits
2.	TOTAL CASH RE	CEIPTS						Enter also on line 2 of C4	\$	\$0.00
	CODES FOR CLA	ASSIFYING	EXPEND	TURES: If one	of the following	codes is use	ed to describe ar	n expenditure, no other des	cription	is generally
	needed. The exce	eptions are:			_			•		
1)										
	committee, identify the candidate or committee in the Description block;									
2)	When reporting	payments	to vendors	for travel expe	nses, identify th	ne traveler an	d travel purpose	in the Description block; a	nd	

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,

CODE **DEFINITIONS** ON NEXT PAGE

- amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures. 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

3)

- 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		
02/11/19	GRANT COUNTY REPULICAN PARTY 601 S PIONEER WAY MOSES LAKE, WA 98837		LINCOLN DAY DINNER		\$400.00
			Total from attached page	es \$	\$0.00

Enter also on line 11 of C4

\$400.00