PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 985504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE

C4

(3/97)

04-09-2019

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

JAMES T WILCOX III (C	ommittee to El	ect JT W	ilcox	Surplus	s Accoun	t)		
Mailing Address PO Box 747								
Zip + 4	Office Sought (Candida	,		on Date			aucus Committees: Dur	
98558	STATE REPRESE		2016	Report?			mmittee make an <u>independ</u> se not considered a contribu	
Covered		. ,					te or local candidate?	uon)
03/01/15	9 03/3	31/19	Yes	No X				
RECEIPTS					*See next	page	Yes No	
1. Previous total cash and in kir (if beginning a new campaign	nd contributions (From lir or calendar year, see ir	e 8, last C-4) struction boo	klet)				\$\$511,172.	. 36
2. Cash received (From line 2, Schedule A)						\$0.00	-	
3. In kind contributions received (From line 1, Schedule B)						\$0.00	_	
							\$0.	.00
							-	
							-	
	bins (From line 1 or 3, Schedule C) stments this period (Combine line 5 & 6) sh and in kind contributions during campaign (Combine lines 1, 4 & 7) sh and in kind contributions during campaign (Combine lines 1, 4 & 7) sh and in kind contributions during campaign (Combine lines 1, 4 & 7) sh and in kind contributions during campaign (Combine lines 1, 4 & 7) sh and in kind contributions during campaign (Combine lines 1, 4 & 7) sh and in kind expenditures (From line 2, Schedule B) stotal cash and in kind expenditures (From line 17, last C-4) ning a new campaign or calendar year, see instruction booklet) sh expenditures (From line 4, Schedule A) sh expenditures (From line 4, Schedule A) sh and in kind expenditures made this period (Line 11 plus line 12) sh and in kind expenditures made this period (Line 11 plus line 12)						,00	
8. Total cash and in kind contrib	outions during campaign	(Combine line	es 1, 4 & 7)			\$511,172.	.36
	From line 2, Schedule B)			\$0.00				
EXPENDITURES								
10. Previous total cash and in kin (If beginning a new campaigr	id expenditures (From lir i or calendar year, see ir	e 17, last C-4 struction boo	4) klet)				\$407,614.	.17
11. Total cash expenditures (From line 4, Schedule A)						\$49.74	<u>1</u>	
12. In kind expenditures (goods &	10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet) 11. Total cash expenditures (From line 4, Schedule A) 11. Total cash expenditures (From line 4, Schedule A) \$49.7 12. In kind expenditures (goods & services) (From line 1, Schedule B) \$0.0 13. Total cash and in kind expenditures made this period (Line 11 plus line 12) 12.					ב		
							\$49.	.74
14. Loan principal repayments m	ade (From line 2, Sched	ule L)				\$0.00	<u>)</u>	
15. Corrections (From line 2 or 3, Schedule C) Show + or (-						\$0.00	<u>0</u>	
16. Net adjustments this period (Combine lines 14 & 15)						Show + or (-)	\$O.	.00
17. Total cash and in kind expend	ditures during campaign	(Combine line	es 10, 13 a	and 16)			\$407,663.	.91
CANDIDATES ONLY Name not CASH SUMMARY								
[Line 18 should equal your bank account balan							\$103,508.	,43
CANDIDATES ONLY Name not CASH SUMMARY Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) \$10 Primary election Image: Cash on the content of the content								.00
Treasurer's Daytime Telephone No.:					40 ·		·	
(253)220-5590 20. Balance (Surplus or deficit) (Line					e to minus lin	ie i9)	\$103,508.	,45
CERTIFICATION: I certify that the inf		ompanying sch				rrect to the best of my	y knowledge. Date	
Candidate's Signature	Date		rreasure	er's Signatu	lie		Date	
JAMES WILCOX III	04/0	9/19	Jason	Michau	d		04/09/19	

CASH RECEIPTS AND EXPENDITURE



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

Report Date JAMES T WILCOX III (Committee to Elect JT Wilcox Surplus Account) 03/01/19 03/31/19 1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted. Date of deposit Amount Date of deposit Amount Date of deposit Amount **Total deposits** \$ 2. TOTAL CASH RECEIPTS <u>\$0.0</u>0

Enter also on line 2 of C4

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:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or committee, identify the candidate or committee in the Description block;
- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and 2)

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.)
- V Voter Signature Gathering

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- 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 ..
- Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount. b)
- 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		\$49.74
			Total from attached page	es \$	\$0.00

4. TOTAL CASH EXPENDITURES