

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100898364

04-10-2019

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

JACQUELIN M MAYCUMBER	(Committee to	Elect Ja	cquelin Maycı	umber Surp	lus	
Mailing Address City 127 N Wynne St Colville, WA						
Zip + 4         Office Sought (Cand 99114           STATE REPRES						ucus Committees: During
Report Period From (last C-4	To (end	of period)	Final Report?	expenditure	(i.e., an expense	e not considered a contribution)
Covered 03/01/19	9 03/3	31/19	Yes No X	supporting or	opposing a state	e or local candidate?
RECEIPTS				*See next pa	ge	Yes No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From lin or calendar year, see in	ne 8, last C-4) estruction boo	klet)			\$ \$48,000.00
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	·		•		•	\$0.00
Loan principal repayments made (From line 2, Schedule L)						
6. Corrections (From line 1 or 3,	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 contributions during campaign (Combine lines 1, 4 & 7)						\$48,000.00
9. Total pledge payments due (I	From line 2, Schedule B)		\$0.00			
EXPENDITURES						
<ol><li>Previous total cash and in kin (If beginning a new campaigr</li></ol>	id expenditures (From lir i or calendar year, see ir	ne 17, last C-4 nstruction boo	1) klet)		······································	\$25,438.10
11. Total cash expenditures (From line 4, Schedule A)					\$137.02	
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)						\$137.02
14. Loan principal repayments made (From line 2, Schedule L)					\$0.00	
15. Corrections (From line 2 or 3, Schedule C)			(-)	\$0.00		
16. Net adjustments this period (Combine lines 14 & 15)					Show + or (-)	\$0.00
17. Total cash and in kind expend	ditures during campaign	(Combine line	es 10, 13 and 16)			\$25,575.12
CANDIDATES ONLY  Name not CASH SUMMARY						• •
	Jnopposed on ballot 1.		and (Line 8 minus line equal your bank account bank	\$22,424.88		
Primary election	1	9. Liabilities:	(Sum of loans and de	ebts owed)	······································	\$0.00
Treasurer's Daytime Telephone No.:			a 10 minua lina 1	0)		
(509)684-4700 20. Balance (Surplus or deficit) (Line 18				z to minus inte t	<i>9)</i>	\$22,424.88
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 Treasurer's Signature				иe		Date
JACQUELIN MAYCUMBER 04/10/19 Steve Oswin					04/10/19	

## **CASH RECEIPTS AND EXPENDITURE**

SCHEDULE to C4

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

Report Date

ourididate or oc	minitioe Hame (Bo not ac	bicviate. Oscilati flame.)					
JACQUELIN N	MAYCUMBER (Com	mittee to Elect 3	Jacquelin	Maycumber	Surplus 03/01/1	9 03/31/19	
<ol> <li>CASH RECE</li> </ol>	EIPTS (Contributions) which	ch have been reported on Co	<ol><li>List each de</li></ol>	posit made since	last C4 report was submitt	ed.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits	
2. TOTAL CAS	H RECEIPTS				Enter also on line 2 of C4	\$ \$0.00	
needed. The  1) If expendi comm  2) When rep 3) If expendi petitio amour  () () () () () () () () () () () () ()	exceptions are: tures are in-kind or earmar ittee, identify the candidate orting payments to vendors tures are made directly or n, use code "V" and provid nt paid each during the rep CODE DEFINITIONS DN NEXT PAGE B N O V  IRES Iditures of \$50 or less, inclinate column on the first line be each expenditure of mor	e than \$50 by date paid, nar e, campaign worker, PR firm	date or commitotion block; y the traveler a erson or entity on an attached to total paid all n-kind & transfiting idio, TV) I Advertising gns, buttons, e  need not be it me and address	tee or independent ind travel purpose for soliciting signal sheet: name and persons to date to ers)  tc.)  emized. Add up the sof vendor, code/or independent inde	in the Description block; a tures on a statewide initial address of each person/er gather signatures.  P - Postage, Mailing Person S - Surveys and Polls F - Fundraising Event Ex T - Travel, Accommodati M - Management/Consul W - Wages, Salaries, Be G - General Operation and these expenditures and shodescription, and amount.	a candidate or  nd tive or referendum ntity compensated,  mits  spenses ons, Meals ting Services nefits nd Overhead  ow the total in the	
Date Paid		or Recipient nd Address)	Code		e of Expense Description	Amount	
N/A Expenses of \$		S50 or less N/A		N/A		\$137.02	

N/A	Expenses of \$50 or less	N/A	N/A	\$137.02
	I	1	Total from attached pages	\$ \$0.00

Total from attached pages

\$0.00