PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT **RECEIPTS AND EXPENDITURES**

PDC OFFICE USE 100902147

05-08-2019

C4

(3/97)

Candidate o	r Committee Name (Do	not abbreviate. Inclu	ide full name)					05-08-2019
MARY L D		to Elect Mar	ry Dye Sur	plus Accour				
Mailing Add 127 N Wy						City Colville, WA		
Zip + 4 99114		Office Sought (Cano STATE REPRES		Election Date 2023		For PACs, Parties & Ca		
Report Perio	d From (last C-4	t) To (er	nd of period)	Final Report?	? <u>e</u>	xpenditure (i.e., an expense	e not cons	idered a contribution)
Covered	04/01/19	9 04	/30/19	Yes No 🗴	<u>к</u> <u></u>	upporting or opposing a stat	e or local o	candidate?
RECEIPTS				•	*	See next page	Yes	No
1. Previo (if beg	ous total cash and in kin jinning a new campaign	d contributions (From or calendar year, see	n line 8, last C-4) e instruction boo	klet)			\$	\$22,000.00
2. Cash	received (From line 2, S	Schedule A)				\$\$0.00		
3. In kin	d contributions received	(From line 1, Schedu	ıle B)			\$0.00	-	
4. Total	cash and in kind contrib	outions received this p	eriod (Line 2 plu	ıs 3)				\$0.00
5. Loan	principal repayments ma	ade (From line 2, Sch	edule L)			\$0.00		
6. Corre	ctions (From line 1 or 3,	Schedule C)		Show +	+ or (-)	\$0.00		
7. Net a	djustments this period (Combine line 5 & 6)				Show + or (-)		\$0.00
8. Total	cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7)				\$22,000.00
9. Total	pledge payments due (F	From line 2, Schedule	e B)	\$0.0	00			
EXPENDIT	JRES		·					
10. Previo (If beg	ous total cash and in kin ginning a new campaign	nd expenditures (From n or calendar year, see	n line 17, last C-4 e instruction boo	4) klet)				\$15,224.90
11. Total cash expenditures (From line 4, Schedule A) \$43.4						<u>.</u>		
12. In kind expenditures (goods & services) (From line 1, Schedule B)					\$0.00	l		
13. Total	cash and in kind expend	ditures made this peri	od (Line 11 plus	line 12)				\$43.47
14. Loan	principal repayments ma	(From line 2, Schedule A) \$ \$0.00 itons received (From line 1, Schedule B) \$0.00 in kind contributions received this period (Line 2 plus 3) \$0.00 repayments made (From line 2, Schedule L) \$0.00 om line 1 or 3, Schedule C) \$0.00 s this period (Combine line 5 & 6) Show + or (-) s this period (Combine line 5 & 6) \$0.00 ymments due (From line 2, Schedule B) \$0.00 ymments due (From line 2, Schedule B) \$0.00 wash and in kind expenditures (From line 17, last C-4) \$15,224.90 new campaign or calendar year, see instruction booklet) \$15,224.90 and in kind expenditures made this period (Line 11 plus line 12) \$0.00 om line 2 or 3, Schedule C) Show + or (-) \$0.00 om line 2 or 3, Schedule C) Show + or (-) \$0.00 in kind expenditures during campaign (Combine lines 10, 13 and 16) \$15,268.37 n Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) \$6,731.63 1 1.2. Liabilities: (Sum of loans and debts owed) \$0.00 20. Balance (Surplus or deficit) (Line 18 minus line 19) \$6,731.63 20. Balance (Surplus or deficit) (Line 18 minus line 19) \$6,731.63						
15. Corrections (From line 2 or 3, Schedule C)				Show +	+ or (-)	\$0.00	<u> </u>	
16. Net a	djustments this period (Combine lines 14 & 1	5)			Show + or (-)		\$0.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)								\$15,268.37
CANDIDAT								
							\$6,731.63	
Primary electi General elect			19. Liabilities:	(Sum of loans and	d debts	owed)		\$0.00
Treasurer's	Daytime Telephone N							
(509)68	34-4700		20. Balance (S	urplus or deficit) (L	∟ine 18	minus line 19)		\$6,731.63
			accompanying sch			rue and correct to the best of my	knowledge	
Candidate's	Signature	Date		C C				Dale
MARY DYE 05.			/08/19	Steve Oswi	.n			05/08/19

CASH RECEIPTS AND EXPENDITURE



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

Candidate of Committee Nam	e (Do not abi	Sieviale. Use iuli name	.)		1	tepon Date	
MARY L DYE (Committ	ee to El	lect Mary Dye	Surplus Acco	ount)	04/01/19	04/30/1	9
1. CASH RECEIPTS (Contri	butions) whic	h have been reported o	n C3. List each dep	oosit made since last C4	report was submitte	d.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits	i
						•	
2. TOTAL CASH RECEIPTS				Enter a	so on line 2 of C4	\$ \$(0.00

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 Cothering
- V Voter Signature Gathering

- P Postage, Mailing Permits
- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services

2

Report Date

- 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		\$43.47
			Total from attached pag	es \$	\$0.00

4. TOTAL CASH EXPENDITURES