

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100931414 AMENDS 100931347 09-16-2019

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

DAVID V TAYLOR (COMMI	TTEE TO ELECT	r david ta	YLOR - SURPL	JUS)			
Mailing Address							
1661 BEANE ROAD	T = =		1	MOXEE, W	A		
Zip + 4 98936	Office Sought (Cand		Election Date 2022				nmittees: During
Report Period From (last C-		nd of period)	Final Report?				ke an <u>independent</u> dered a contribution)
Covered 03/01/1	,	/31/14	Yes No X		opposing a state		
RECEIPTS			100 110	***********		V	NI-
				*See next pag	je	Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From n or calendar year, see	n line 8, last C-4) e instruction bool	klet)		<u>-</u>	\$	\$53,315.35
2. Cash received (From line 2,			······ <u>\$</u>	\$0.00			
3. In kind contributions received	d (From line 1, Schedu	ıle B)			\$0.00		
4. Total cash and in kind contrib	<u>-</u>		\$0.00				
5. Loan principal repayments m			\$0.00				
6. Corrections (From line 1 or 3	, Schedule C)		Show + o	or (-)	\$0.00		
7. Net adjustments this period (	Show + or (-)		\$0.00				
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7)	 ¬	 		\$53,315.35
9. Total pledge payments due (	From line 2, Schedule	B)	\$0.00				
EXPENDITURES							
<ol><li>Previous total cash and in kir (If beginning a new campaign</li></ol>	nd expenditures (From n or calendar year, see	n line 17, last C-4 e instruction bool	l) klet)		 -		\$52,408.42
11. Total cash expenditures (Fro		\$0.00					
12. In kind expenditures (goods a	\$0.00						
13. Total cash and in kind expen	ditures made this peri	od (Line 11 plus	line 12)		·····		\$0.00
14. Loan principal repayments m	\$0.00						
15. Corrections (From line 2 or 3	, Schedule C)		Show + o	or (-)	\$0.00		
16. Net adjustments this period (	Combine lines 14 & 1	5)			Show + or (-)		40.00
, , ,	` -		\$0.00				
17. Total cash and in kind expen			-				\$52,408.42
CANDIDATES ONLY  Won  Lost  Unopposed on ballot  The control of th							\$906.93
Primary election							
General election	<u> </u>	19. Liabilities:	19. Liabilities: (Sum of loans and debts owed)				\$0.00
Treasurer's Daytime Telephone N (509)945-5592	IU	20. Balance (Surplus or deficit) (Line 18 minus line 19)					\$906.93
CERTIFICATION: I certify that the in	formation herein and on	L accompanying sch	edules and attachment	ts is true and correct	to the best of my	knowledge	<del></del>
Candidate's Signature	Date		Treasurer's Signat		2000 of my		Date
DAVID TAYLOR	/16/19	19 CHRISTINA MOREHEAD			09/16/19		

## **CASH RECEIPTS AND EXPENDITURE**

DAVID V TAYLOR (COMMITTEE TO ELECT DAVID TAYLOR - SURPLUS)

Amount | Date of deposit

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

SCHEDULE to C4

Amount Date of deposit

**A**(11/93)

03/01/14

Amount

2

03/31/14

Total deposits

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

Date of deposit

Report Date

2.	TOTAL CASI	H RECEIPTS			Enter also on line 2 of C4	\$ \$	\$0.00		
1) 2) 3)	needed. The If expendit commi When repo	cription is gen a candidate o nd ive or reference ntity compensa	or						
	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				S - Surveys and Polls F - Fundraising Event Ex T - Travel, Accommodati M - Management/Consul c.) W - Wages, Salaries, Be	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.	amoun b) Itemize c) For ea	ditures of <u>\$50 or less</u> , inclu at column on the first line be e each expenditure of <u>more</u>	elow e than \$50 by date paid, nam , campaign worker, PR firm,	ne and address	emized. Add up these expenditures and sho s of vendor, code/description, and amount. ency or credit card company, attach a list of				
Vendor or Re Date Paid (Name and Ad			Code	Purpose of Expense and/or Description	Amount				
N/A Expense		Expenses of S	Expenses of \$50 or less		N/A				
4.	TOTAL CASI	H EXPENDITURES			Total from attached pages Enter also on line 11 of C4		\$0.00 \$0.00		