

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100936112

10-10-2019

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

MARY L DYE (COMMITTE	E TO ELECT MARY DY	E SURPLUS	ACCOUN'	T)				
Mailing Address 127 N WYNNE ST					City C OLVILLE, W A	A		
Zip + 4 99114	Office Sought (Candidates) STATE REPRESENTA		ction Date				cus Committees: Du nittee make an independ	
Report Period From (last C-	4) To (end of per	riod) Fina	al Report?	<u>e</u>	expenditure (i.e., a	n expense r	not considered a contrib	
Covered 09/01/1	9 09/30/1	. 9 Yes	No X	<u> </u>	supporting or oppos	ing a state	or local candidate?	
RECEIPTS				*	See next page		Yes No	
Previous total cash and in ki (if beginning a new campaig	nd contributions (From line 8, I n or calendar year, see instruc	ast C-4) tion booklet)				<u></u>	\$ \$24,477	.47
2. Cash received (From line 2,	Schedule A)				\$	\$0.00		
3. In kind contributions received	d (From line 1, Schedule B)					\$0.00		
4. Total cash and in kind contri	butions received this period (L	ine 2 plus 3)				<u> </u>	\$0	.00
5. Loan principal repayments n	nade (From line 2, Schedule L)					\$0.00		
6. Corrections (From line 1 or 3	3, Schedule C)		Show +	or (-)		\$0.00		
7. Net adjustments this period	(Combine line 5 & 6)				Show	/ + or (-)	\$0	.00
8. Total cash and in kind contri	butions during campaign (Com	nbine lines 1, 4 &	7)				\$24,477	.47
9. Total pledge payments due	(From line 2, Schedule B)		\$0.00	0				
EXPENDITURES								
Previous total cash and in ki (If beginning a new campaig	nd expenditures (From line 17 n or calendar year, see instruc	, last C-4) tion booklet)					\$15,430	.17
11. Total cash expenditures (Fro	om line 4, Schedule A)					\$0.00		
12. In kind expenditures (goods	& services) (From line 1, Sche	dule B)				\$0.00		
13. Total cash and in kind exper	nditures made this period (Line	11 plus line 12).				<u> </u>	\$0	.00
14. Loan principal repayments n	nade (From line 2, Schedule L)					\$0.00		
15. Corrections (From line 2 or 3	3, Schedule C)		Show +	or (-)		\$0.00		
16. Net adjustments this period	(Combine lines 14 & 15)				Show	/ + or (-)	\$0	.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)							\$15,430	.17
CANDIDATES ONLY Name not Won Lost Unopposed on ballot 18. Cash on hand			9 minus lir	no 17)	\		\$9,047	30
[Line 18 should equal your bank account balance(437017	•50
Primary election						\$0	.00	
Treasurer's Daytime Telephone No.: (509)684-4700 20. Balance (Surplus or deficit) (Line				ine 18	minus line 19)		\$9,047	.30
CERTIFICATION: I certify that the in	nformation herein and on accompa	nving schedules an	ıd attachmer	nts is tr	rue and correct to the	best of my kr	nowledge.	
Candidate's Signature	Date		irer's Signa		as and contout to the	230t of my Ki	Date	
MARY DYE 10/10/19 ST			E OSWIN	N I			10/10/19	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

W - Wages, Salaries, Benefits

Enter also on line 11 of C4

\$0.00

G - General Operation and Overhead

2
4

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

Report Date

Canadate of Committee Name (Do not approviate. Ose fair name.)											
MAI	RY L DYE (COMMITTEE	TO EL	ECT MARY	DYE SUR	PLUS ACCO	UNT)	09/01/19	•	09/30/19	
1.	CASH RECEI	PTS (Contribution	ns) which	n have been rep	orted on C3	. List each dep	osit made since last 0	24 report was submitte	ed.		
Da	ate of deposit	A	Amount	Date of deposit	t	Amount	Date of deposit	Amount		Total deposits	
2.	TOTAL CASH	RECEIPTS					Enter	also on line 2 of C4	\$	\$0.0	
	CODES FOR		XPENDI	TURES: If one of	of the following	ng codes is use	ed to describe an expe	enditure, no other desc	criptio	n is generally	
1)	•						ee or <u>independent exp</u>	enditures that benefit	a car	ndidate or	
2)	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)	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.										
	amount	paid caon danng					· ·	· ·			
	CODE			,			Postage, Mailing Perr Surveys and Polls	ostage, Mailing Permits			
	DEFINITIONS						ndraising Event Expenses				
	Or	I NEXT PAGE		Broadcast Adve	O (. ,	T - '	Travel, Accommodation	ns, N	<i>M</i> eals	
			N -	Newspaper and	d Periodical	Advertising	M -	Management/Consult	ina S	ervices	

3. EXPENDITURES

4. TOTAL CASH 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..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.

O - Other Advertising (yard signs, buttons, etc.)

V - Voter Signature Gathering

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	Α	mount
N/A	Expenses of \$50 or less	N/A	N/A		
			Total from attached pag	es \$	\$0.00