PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100947766

**C4** 

(3/97)

12-07-2019

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

MARY L DYE (COMMITTEE	TO ELECT MAN	RY DYE SUR	PLUS ACCOUNT)		
Mailing Address 127 N WYNNE ST				City COLVILLE, WA	
Zip + 4 99114	Office Sought (Cancer STATE REPRES		Election Date 2023		aucus Committees: During mmittee make an <u>independent</u>
Report Period From (last C-	4) To (er	nd of period)	Final Report?	expenditure (i.e., an expen	se not considered a contribution)
Covered 11/01/1	9 11	/30/19	Yes No X	supporting or opposing a sta	ate or local candidate?
RECEIPTS				*See next page	Yes No
<ol> <li>Previous total cash and in kir (if beginning a new campaigr</li> </ol>	nd contributions (From n or calendar year, see	n line 8, last C-4) e instruction boo	klet)		··_\$\$\$24,477.47
2. Cash received (From line 2, S	Schedule A)			\$ \$0.00	_
3. In kind contributions received	l (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 m					_
6. Corrections (From line 1 or 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 contrib	outions during campai	gn (Combine line	es 1, 4 & 7)		\$24,477.47
9. Total pledge payments due (	From line 2, Schedule	e B)	\$0.00		
EXPENDITURES					
10. Previous total cash and in kir (If beginning a new campaigr	nd expenditures (From n or calendar year, see	n line 17, last C-4 e instruction boo	4) klet)		\$15,430.17
11. Total cash expenditures (Fro	m line 4, Schedule A)			\$0.0	<u>0</u>
12. In kind expenditures (goods a	& services) (From line	1, Schedule B).		\$0.0	٥
13. Total cash and in kind expen	ditures made this peri	od (Line 11 plus	line 12)		\$0.00
14. Loan principal repayments m	ade (From line 2, Sch	edule L)		\$0.0	<u>0</u>
15. Corrections (From line 2 or 3	, Schedule C)		Show + or (	(-) \$0.0	<u>o</u>
16. Net adjustments this period (	Combine lines 14 & 1	5)		Show + or (-)	\$0.00
17. Total cash and in kind expen	ditures during campai				\$15,430.17
CANDIDATES ONLY Won Lost I	Name not Jnopposed on ballot		and (Line 8 minus line	17)	\$9,047.30
Primary election		-		nce(s) plus your petty cash balance.] ots owed)	
General election Treasurer's Daytime Telephone N	lo.:				<u> </u>
(509)684-4700		20. Balance (S	urplus or deficit) (Line	18 minus line 19)	\$9,047.30
CERTIFICATION: I certify that the in		accompanying sch			
Candidate's Signature	Date		Treasurer's Signatur	e	Date
MARY DYE	12	/07/19	STEVE OSWIN		12/07/19

## CASH RECEIPTS AND EXPENDITURE



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

Candidate of Committee Name (Do not abbreviate. Use full name.)					Report Date		
MARY L DYE (COMMIT	TEE TO EI	LECT MARY DYE	SURPLUS ACCO	UNT )	11/01/19	11/30/19	
1. CASH RECEIPTS (Cont	ributions) whic	h have been reported or	n C3. List each dep	oosit made since last C4	report was submitted	1.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits	
						•	
2. TOTAL CASH RECEIPTS	S			Enter a	so on line 2 of C4	\$ <u>\$</u> 0.00	۱

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)

CODF 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..
- 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		
			Total from attached pag	es \$	\$0.00

4. TOTAL CASH EXPENDITURES