

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100958838

03-01-2020

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

| DEAN A TAKKO (TAKKO D | EAN A SURPLUS AC | CT) | | | | | | |
|---|--|------------------------------|---|-----------|--------------------------------|---------------|---|---------------|
| Mailing Address PO BOX 1025 | | | | | City LONGVIEW, N | WA | | |
| Zip + 4 98632 | Office Sought (Candidate STATE SENATOR | s) | Electi 2020 | on Date | | | cus Committees: | |
| Report Period From (last C-4 | | period) | | Report? | | | mittee make an independent not considered a cont | |
| Covered 02/01/20 | | , | Yes | No X | | | or local candidate? | |
| RECEIPTS | 02,23 | | 165 | 110 22 | *- | | | |
| RECEIF13 | | | | | *See next page | | Yes No | |
| Previous total cash and in kin- (if beginning a new campaign | d contributions (From line to calendar year, see instr | 3, last C-4) uction bool | klet) | | | | \$ \$107,37 | 76.97 |
| 2. Cash received (From line 2, S | chedule A) | | | | \$ | \$0.00 | | |
| 3. In kind contributions received | (From line 1, Schedule B) | | | | | \$0.00 | | |
| 4. Total cash and in kind contrib | utions received this period | (Line 2 plu | s 3) | | | ····· | Ś | \$0.00 |
| 5. Loan principal repayments ma | ade (From line 2, Schedule | L) | | | | \$0.00 | | |
| 6. Corrections (From line 1 or 3, | 6. Corrections (From line 1 or 3, Schedule C) | | | (-) | \$0.00 | | | |
| 7. Net adjustments this period (C | Combine line 5 & 6) | | | | Sho | ow + or (-) _ | <u> </u> | 0.00 |
| 8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7) | | | | | | | 16.97 | |
| 9. Total pledge payments due (F | rom line 2, Schedule B) | | | \$0.00 | | | | |
| EXPENDITURES | | | | | | | | |
| Previous total cash and in king (If beginning a new campaign) | d expenditures (From line or calendar year, see insti | 17, last C-4 ruction bool | l) klet) | | | | \$79,01 | L 7.71 |
| 11. Total cash expenditures (Fron | n line 4, Schedule A) | | | | | \$0.00 | | |
| 12. In kind expenditures (goods & | services) (From line 1, Sc | hedule B) . | | | | \$0.00 | | |
| 13. Total cash and in kind expenditures made this period (Line 11 plus line 12) | | | | | | 0.00 | | |
| 14. Loan principal repayments made (From line 2, Schedule L) | | | | | \$0.00 | | | |
| 15. Corrections (From line 2 or 3, | Schedule C) | | | Show + or | (-) | \$0.00 | | |
| 16. Net adjustments this period (Combine lines 14 & 15) | | | | Sho | ow + or (-) _ | | 30.00 | |
| 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16) | | | | | | | L7.71 | |
| CANDIDATES ONLY | Name not CAS | H SUMMA | RY | | | | | |
| Won Lost U | | | | | 17)ance(s) plus your petty cas | | \$28,35 | 59.26 |
| Primary election | | | | | | | | |
| General election 19. Liabilities: (Sum of loans and debts | | | | | ots owed) | | | 0.00 |
| Treasurer's Daytime Telephone No.: 20. E | | | D. Balance (Surplus or deficit) (Line 18 minus line 19) | | | \$28,35 | 59.26 | |
| 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 Date | | | | | | | | |
| DEAN TAKKO 03/01/20 DEBRA TAKKO | | | | | 03/01/20 |) | | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

| - | | (20 | oromator oco rum mannon, | | | | • |
|----|-----------------------|--------------------|-----------------------------|-------------------|--------------------------------|--------------------------|--------------------|
| DE | AN A TAKKO (TAI | KKO DEAN A | SURPLUS ACCT) | | | 02/01/20 | 02/29/20 |
| 1. | CASH RECEIPTS (Co | ontributions) whic | h have been reported on C | C3. List each dep | oosit made since last C4 | report was submitted. | |
| Da | ate of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. | TOTAL CASH RECEI | PTS | | | Enter al | so on line 2 of C4 | \$0.00 |
| | CODES FOR CLASSI | FYING EXPEND | TURES: If one of the follow | wing codes is use | ed to describe an expend | liture, no other descrip | otion is generally |
| | needed. The exception | | | · · | • | , | , |
| 1) | | | ked contributions to a cand | | ee or <u>independent expen</u> | ditures that benefit a | candidate or |
| ٥) | | , | | | م ماه من مم مسرس امریسالم | | |
| 2) | | , | or committee in the Descr | | nd travel nurnose in the F | escription block: and | |

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. CODE

4. TOTAL CASH EXPENDITURES

DEFINITIONS

ON NEXT PAGE

- 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

- 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

3)

- 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 | Amount |
|-----------|--|------|---------------------------------------|--------|
| N/A | Expenses of \$50 or less | N/A | N/A | |
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| | | | Total from attached pag | 20 O |

| Lotal | trom | attached | pages |
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