

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 101005576

10-12-2020

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

| MARY L DYE (COMM | ITTEE TO ELECT M | ARY DYE SUR | PLUS ACCOUNT) | | | | | |
|---|--|--|--------------------------|--|--------------|-------------|--|--|
| Mailing Address 127 N WYNNE ST | | | | City COLVILLE, WA | | | | |
| Zip + 4 99114 | Office Sought (Ca | andidates) ESENTATIVE | Election Date 2023 | *For PACs, Parties & Ca | | | | |
| | (last C-4) To | (end of period) | Final Report? | expenditure (i.e., an expense | | | | |
| Covered 09 | /01/20 | 09/30/20 | Yes No X | supporting or opposing a stat | e or local o | candidate? | | |
| RECEIPTS | | | | *See next page | Yes | No | | |
| Previous total cash a (if beginning a new c | and in kind contributions (Fr ampaign or calendar year, | om line 8, last C-4) see instruction bool | klet) | | \$ | \$47,966.80 | | |
| 2. Cash received (From | n line 2, Schedule A) | | | ···· \$ \$0.00 | | | | |
| 3. In kind contributions | received (From line 1, Scho | edule B) | | \$0.00 | | | | |
| 4. Total cash and in kin | d contributions received thi | s period (Line 2 plu | s 3) | | | \$0.00 | | |
| 5. Loan principal repayı | ments made (From line 2, S | Schedule L) | | \$0.00 | | | | |
| 6. Corrections (From lin | ne 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 kin | d contributions during camp | paign (Combine line | es 1, 4 & 7) | | | \$47,966.80 | | |
| 9. Total pledge paymer | nts due (From line 2, Sched | ule B) | \$0.00 | | | | | |
| EXPENDITURES | | <u> </u> | 4000 | | | | | |
| 10. Previous total cash a (If beginning a new c | and in kind expenditures (Fr campaign or calendar year, | om line 17, last C-4 see instruction boo | l) klet) | | | \$42,430.17 | | |
| 11. Total cash expenditu | res (From line 4, Schedule | A) | | \$0.00 | | | | |
| 12. In kind expenditures | (goods & services) (From li | ne 1, Schedule B) . | | \$0.00 | | | | |
| 13. Total cash and in kin | d expenditures made this p | eriod (Line 11 plus | line 12) | | | \$0.00 | | |
| 14. Loan principal repayı | ments made (From line 2, S | Schedule L) | | \$0.00 | | | | |
| 15. Corrections (From lin | ne 2 or 3, Schedule C) | | Show + or | (-) \$0.00 | | | | |
| 16. Net adjustments this | period (Combine lines 14 & | k 15) | | Show + or (-) | | \$0.00 | | |
| 17. Total cash and in kin | d expenditures during cam | paign (Combine line | es 10, 13 and 16) | | | \$42,430.17 | | |
| CANDIDATES ONLY | Name no | <u> </u> | | | | \$42,43U.1/ | | |
| Won | Lost Unopposed on ballo | | | 17)nce(s) plus your petty cash balance.] | | \$5,536.63 | | |
| Primary election General election | | 19. Liabilities: | (Sum of loans and del | ots owed) | | \$0.00 | | |
| Treasurer's Daytime Tele | 20 Delever (2 | 20. Balance (Surplus or deficit) (Line 18 minus line 19) | | | - | | | |
| (509)684-4700 | | Zu. balance (Si | urpius or deticit) (Line | ro minus line 19) | | \$5,536.63 | | |
| | | | | is true and correct to the best of my | knowledge | | | |
| Candidate's Signature | Da | te | Treasurer's Signatur | e | | Date | | |
| MARY DYE | RY DYE 10/12/20 STEVE OSWIN | | | | 10/12/20 | | | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE

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

Report Date

| Carrandate or Commi | (20 | D. G. 1. G. G. G. 1 G. 1 1. G. | | | | | • | |
|---------------------|-------------------------|--------------------------------|-----------------|----------|---------------------------------------|----------------------|----------|----------------|
| MARY L DYE (CO | OMMITTEE TO E | LECT MARY DY | SURPLUS | ACCC | OUNT) | 09/01/20 | 09/3 | 30/20 |
| 1. CASH RECEIPTS | S (Contributions) which | h have been reporte | d on C3. List e | each dep | oosit made since last C4 | report was submitted | j. | |
| Date of deposit | Amount | Date of deposit | A | Amount | Date of deposit | Amount | Total de | posits |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2. TOTAL CASH RE | ECEIPTS | | | | Enter al | so on line 2 of C4 | \$ | <u>\$0.0</u> 0 |
| needed. The exce | eptions are: | | J | | ed to describe an expendent expendent | , | | , |

- 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.

CODE **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

Enter also on line 11 of C4

\$0.00

G - General Operation and Overhead

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