

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 110018861

05-07-2021

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

Sharon Wylie)						
Mailing Address 400 NE Highway 99, Su						
Cip + 4 Office Sought (Cand STATE REPRES					aucus Committees: During mmittee make an independent	
Report Period From (last C-	(4) To (e)	nd of period)	Final Report?		se not considered a contribution)	
Covered 04/01/2	1 04	:/30/21	Yes No X	supporting or opposing a sta	te or local candidate?	
RECEIPTS				*See next page	Yes No	
Previous total cash and in ki (if beginning a new campaign	nd contributions (From n or calendar year, se	n line 8, last C-4) e instruction bool	klet)		\$ \$672.72	
2. Cash received (From line 2,				-	_	
3. In kind contributions received	d (From line 1, Schedu	\$0.00	-			
					\$0.00	
5. Loan principal repayments m			-			
6. Corrections (From line 1 or 3	3, Schedule C)	(-) \$0.00	-			
7. Net adjustments this period	(Combine line 5 & 6)			Show + or (-)	\$0.00	
8. Total cash and in kind contri	butions during campai	gn (Combine line	es 1, 4 & 7)		\$672.72	
9. Total pledge payments due ((From line 2, Schedule	e B)	\$0.00			
EXPENDITURES						
Previous total cash and in king (If beginning a new campaig)	nd expenditures (From n or calendar year, se	n line 17, last C-4 e instruction bool	l) klet)		\$47.68	
11. Total cash expenditures (Fro	om line 4, Schedule A)			\$23.80	<u>5</u>	
12. In kind expenditures (goods	& services) (From line	1, Schedule B).		\$0.00	ב	
13. Total cash and in kind exper	nditures made this peri	iod (Line 11 plus	line 12)		\$23.86	
14. Loan principal repayments m	nade (From line 2, Sch	nedule L)		\$0.00	<u> </u>	
15. Corrections (From line 2 or 3	(-) \$0.00	<u>)</u>				
16. Net adjustments this period	\$0.00					
17. Total cash and in kind exper	nditures during campai	ign (Combine line	es 10, 13 and 16)		\$71.54	
CANDIDATES ONLY	Name not	CASH SUMMA	ARY		\$601.18	
Won Lost						
Primary election		-				
General election	📙 📙	19. Liabilities:	(Sum of loans and del	ots owed)	\$0.00	
Treasurer's Daytime Telephone I (360)241-1222	NO.:	18 minus line 19)	\$601.18			
	formation begain and	accompanies set	adulas and attachmants	in true and correct to the best of		
CERTIFICATION: I certify that the in Candidate's Signature	Date	accompanying sch	Treasurer's Signatur		y knowledge. Date	
HARON WYLIE 05/07/21			Linda McLain	05/07/21		

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4 (11/93

1	
3)	

04/01/21

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

(Sharon Wylie)

Report Date

04/30/21

	EIPTS (Contributions) which			· .	•			
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Tota	al deposits	
2. TOTAL CAS	H RECEIPTS			Enter als	so on line 2 of C4	\$	<u>\$0.0</u> 0	
needed. The 1) If expendit comm 2) When repo 3) If expendit petition amour 3. EXPENDITU a) Expen amour	DEFINITIONS I- DN NEXT PAGE B N O	ked contributions to a contributions to a contributions to a contribution of committee in the Double for travel expenses, it is the following information or ting period, and cuming period per	candidate or commit escription block; dentify the traveler a e a person or entity tion on an attached ulative total paid all ary, in-kind & transfoures , Printing g (Radio, TV) odical Advertising and signs, buttons, et ering	tee or independent expension of travel purpose in the D for soliciting signatures or sheet: name and address persons to date to gather ters) P - Po S - Su F - Fur T - Tra M - Ma Cc.) W - W G - Ge	ditures that benefit a rescription block; and a statewide initiative of each person/entisignatures. stage, Mailing Perm rveys and Polls andraising Event Experience (Accommodation anagement/Consulting ages, Salaries, Benerical Operation and penditures and show the state of the	d candidad d ve or refeity compositis enses ns, Mealing Service fits d Overhe	erendum ensated, s ces	
c) For ea	ch payment to a candidate of receipts/invoices suppo	, campaign worker, PR			any, attach a list of d	letailed e	expenses or	
Date Paid		d Address)	Code	and/or Descrip		ı	Amount	
N/A	N/A Expenses of \$50 or less		N/A	N/A		\$23.86		
Total from attached pages 4. TOTAL CASH EXPENDITURES Enter also on line 11 of C4						\$ \$	\$0.00 \$23.86	