

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100828429

05-07-2018

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

**JEFF HOLY (Jeff Holy for Senate)**

Mailing Address

**P.O. Box 40285**

City

**Spokane, WA**

Zip + 4

**99220**

Office Sought (candidates)

**STATE SENATOR**

Election Date

**2018**

## 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous .....		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c) .....		
	c. Loans, notes, security agreements. Attach Schedule L .....		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation .....		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
05/03/18	AMERICAN BEHAVIORAL HEALTH PO Box 141106 Spokane Valley, WA 99214		X		\$1,000.00	\$1,000.00
	Occupation					
05/03/18	AMERICAN BEHAVIORAL HEALTH PO Box 141106 Spokane Valley, WA 99214			X	\$1,000.00	\$1,000.00
	Occupation					
05/03/18	LISA PHILLIPS 17009 N Highland Ln Colbert, WA 99005	American Behavioral Health Systems, Inc Spokane Valley, WA	X		\$1,000.00	\$1,000.00
	Occupation	DIRECTOR				
05/03/18	CRAIG PHILLIPS 17009 N Highland Ln Colbert, WA 99005	American Behavioral Health Systems, Inc Spokane Valley, WA	X		\$1,000.00	\$1,000.00
	Occupation	PRESIDENT				
05/03/18	LISA PHILLIPS 17009 N Highland Ln Colbert, WA 99005	American Behavioral Health Systems, Inc Spokane Valley, WA		X	\$1,000.00	\$1,000.00
	Occupation	DIRECTOR				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$5,000.00	*See reverse for details.
		Amount from attached pages			\$1,000.00	

## 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

**\$6,000.00**

4. Date of Deposit

**05/03/18**

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

**Charlotte Benjamin**

**05-07-2018**

Treasurer's Daytime Telephone No.: **(509)924-4211**

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.) <b>JEFF HOLY (Jeff Holy for Senate)</b>	Deposit Date <b>05/03/18</b>
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## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
05/03/18	CRAIG PHILLIPS 17009 N Highland Ln Colbert, WA 99005	American Behavioral Health Spokane Valley, WA Occupation <b>PRESIDENT</b>		X	\$1,000.00	\$1,000.00
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Page Total \$1,000.00