

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100911501
 06-17-2019

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Citizens for Jami Lund)

Mailing Address
PO Box 1734

City: **Centralia, WA** Zip + 4: **98531** Office Sought (candidates): **SCHOOL DIRECTOR** Election Date: **2019**

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		
06/13/19	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>4</u> (persons)	\$100.00	

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
06/13/19	BRUCE HENRY 3324 Cooks Hill Rd Centralia, WA 98531			X	\$50.00	\$50.00
	Occupation					
06/13/19	JOANNE HENRY 3324 Cooks Hill Rd Centralia, WA 98531			X	\$50.00	\$50.00
	Occupation					
06/13/19	BRUCE GALLAGHER 1251 Curtis Way Freeland, WA 98249			X	\$50.00	\$50.00
	Occupation					
06/13/19	KRISTINE GALLAGHER 1251 Curtis Way Freeland, WA 98249			X	\$50.00	\$50.00
	Occupation					
06/13/19	DALE LUND 520 Brim Rd Onalaska, WA 98570			X	\$100.00	\$100.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$400.00	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$500.00

4. Date of Deposit: **06/13/19**

Treasurer's Daytime Telephone No.:

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

Treasurer's Signature: **Jami Lund** Date: **06-17-2019**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Citizens for Jami Lund)

Deposit Date
06/13/19

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*
06/13/19	DARLENE LUND 520 Brim Rd Onalaska, WA 98570	Occupation		X	\$100.00	\$100.00
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