

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100922706

08-05-2019

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 .....		
	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
08/02/19	ALLEN HAYWARD Trosper Rd Tumwater, WA 98512			X	\$101.00	\$101.00
		Occupation RETIRED				
08/02/19	JIM JOHNSON Woodland Way S Kent, WA 98030			X	\$50.00	\$50.00
		Occupation				
08/02/19	GAIL JOHNSON Woodland Way S Kent, WA 98030			X	\$50.00	\$50.00
		Occupation				
08/02/19	MARY KIMBREL Garrard Creek Rd Oakville, WA 98568			X	\$50.00	\$50.00
		Occupation				
08/02/19	MIKE KIMBREL Garrard Creek Rd Oakville, WA 98568			X	\$50.00	\$50.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$301.00	*See reverse for details.
		Amount from attached pages			\$900.00	

### 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.

\$1,201.00

4. Date of Deposit

08/05/19

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

Treasurer's Signature

Date

Jami Lund

08-05-2019

Treasurer's Daytime Telephone No.:

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

Page 2

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

Deposit Date  
08/05/19

## 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*
08/02/19	REGINA KING Harrison Ave Centralia, WA 98531	None/unkn Centralia, WA Occupation <u>NONE/UNKN</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$200.00	\$200.00
08/02/19	JAMES KING Harrison Ave Centralia, WA 98531	Self Centralia, WA Occupation <u>DENTIST</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$200.00	\$200.00
08/04/19	JOE LUND 40th Ave SW Seattle, WA 98116	City of Seattle Seattle, WA Occupation <u>FIREFIGHTER</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$250.00	\$250.00
08/04/19	AMY LUND 40th Ave SW Seattle, WA 98116	None Seattle, WA Occupation <u>NONE/UNKN</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$250.00	\$250.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$900.00