



# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

**THIS SPACE FOR OFFICE USE**

100931855

09-17-2019

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

(Amanda McDougall)

Mailing Address

PO Box 126

City

Zip + 4

Galvin, WA

98544

Office Sought (candidates)
<b>SCHOOL DIRECTOR</b>

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
06/26/19	AMANDA MCDOUGALL PO Box 126 Galvin, WA 98544			X	\$100.00	\$100.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$100.00	
		Amount from attached pages			\$0.00	
	<input type="checkbox"/> Check here if additional pages are attached					*See reverse

## 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.

4. Date of Deposit

06/26/19

Treasurer's Daytime Telephone No.:

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

Treasurer's Signature

Date \_\_\_\_\_

Amanda McDougall

09-17-2019