

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100937602

10-15-2019

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

SAMUEL W HUNT (SAM HUNT FOR STATE SENATE)

Mailing Address

PO BOX 2573

City

OLYMPIA, WA

Zip + 4

98507-2573

Office Sought (candidates)

STATE SENATOR

Election Date

2020

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
10/14/19	WASHINGTON BEVERAGE 2210 Black Lake Blvd SW Olympia, WA 98512			X	\$1,000.00	\$1,000.00
	Occupation					
10/14/19	NISQUALLY INDIAN TRIBE 4820 She-Nah-Num Drive, SE olympia, WA 98513		X		\$1,000.00	\$1,000.00
	Occupation					
10/14/19	WASHINGTON REFUSE AND 4160 6th Ave SE STE 205 Lacey, WA 98503		X		\$1,000.00	\$1,000.00
	Occupation					
10/14/19	WASHINGTON STATE AUTO DEALERS 621 SW Grady Way Renton, WA 98057		X		\$1,000.00	\$1,000.00
	Occupation					
10/14/19	JUSTICE FOR ALL PAC 1809 7th ave Suite 1500 Seattle, WA 98101		X		\$500.00	\$500.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$4,500.00	*See reverse for details.
		Amount from attached pages			\$50.00	

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.

\$4,550.00

4. Date of Deposit

10/15/19

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

Treasurer's Signature

Date

STEVEN DREW J

10-15-2019

Treasurer's Daytime Telephone No.: **(206)999-6776**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.) SAMUEL W HUNT (SAM HUNT FOR STATE SENATE)	Deposit Date 10/15/19
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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*
10/14/19	LONNIE JOHNS-BROWN PO Box 6300 Olympia, WA 98507	Occupation	X		\$50.00	\$50.00
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Page Total \$50.00