| PUBLIC | DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 | MONETAR | I RECEIPTS ETARY FRIBUTIONS | | THIS SPACE FOR OFFICE USE 100938464 10-15-2019 | | |
|--|--|-------------------------|--|---|--|---------------------------------|--|
| Candidate | or Committee Name (Do not abbreviate. Us | se full name.) | | | - | | |
| | ens for Jami Lund) | | | | | | |
| Mailing Ad | | | | | | | |
| PO Box | | | | | | | |
| | | Zip + 4 | | Office Sought (candidates) SCHOOL DIRECTOR | | Election Date | |
| | lia, WA 9 ARY CONTRIBUTIONS DEPOSITED IN AC | 98531 | benoon binder | | 2019 | | |
| 1. WONET | | COONT | | | | | |
| Date Received | | | | | Amount | Total | |
| | a. Anonymous | | | | | | |
| | b. Candidate's personal funds deposite | ad in the bank (include | candidate loans in 1c) | | | | |
| | | | | | | | |
| | c. Loans, notes, security agreements. | Attach Schedule L | | | | | |
| | d. Miscellaneous receipts (interest, refu | unds, auctions, other). | Attach explanation | | | | |
| | e. Small contributions \$25.00 or less no | ot itemized and numbe | r of persons giving (| persons) | | | |
| 2. CONTR | IBUTIONS OVER \$25.00 | | | | | | |
| Date Received | Contributor's Name, Address, City, St | | itions of more than \$100:* er's Name, City and State | PG RE IN | Amount | Aggregate [*] Total | |
| 0/15/19 | JON WILEY River Heights Rd Centralia, WA 98531 | | | X | \$75.00 | \$75.00 | |
| | | Occupatio | n | | | | |
| .0/15/19 | NICOLE WILEY | | | x | | | |
| | River Heights Rd | | | | \$75.00 | \$75.00 | |
| | Centralia, WA 98531 | | | , | | | |
| | | Occupatio | n | | | | |
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| | | Occupatio | n | | | | |
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| | | | | | | | |
| | | Occupatio | Occupation Sub-total | | \$150.00 | | |
| | Check here if additional | | Amount from | | \$130.00 | | |
| ages are attached 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED | | | UNT | ned pages | \$150.00 | *See reverse for details. | |
| | arts 1 and 2 above. Enter this amount in line | e 1, Schedule A to C4. | | true and com- | - | , knowlodza | |
| 4. Date of Deposit | | | I certify that this report is true and comple Treasurer's Signature | | ete to the best of my knowledge Date | | |
| 10/15/19 | | | Jami Lund | | | .0-15-2019 | |
| Treasurer's | s Daytime Telephone No.: | | | | | | |