| PUBLIC | DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 | CASH RECEIPTS MONETARY CONTRIBUTIONS | | | THIS SPACE FOR OFFICE USE 100939317 10-19-2019 | | | |
|--------------------|--|--|--|--|--|-----------------------|--------------|---------------------------------|
| Candidate | or Committee Name (Do not abbreviate | Use full name.) | | | | | | |
| (Amanda | a McDougall) | | | | | | | |
| Mailing Add | dress | | | | | | | |
| PO Box | 126 | | | | | | | |
| City | , , , | | Office Sought (candidates) | | 5) | Election Dat | e | |
| Galvin, WA 98544 | | | SCHOOL DIRECTO | | | | 2019 | |
| 1. MONET | ARY CONTRIBUTIONS DEPOSITED IN | I 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 les | s not itemized and n | umber of n | ersons giving (r | ersor | ns) | | |
| 2. CONTRI | IBUTIONS OVER \$25.00 | | | | | .0) | | |
| Date Received | Contributor's Name, Address, City | | | s of more than \$100: [*] Name, City and State | P R I | G E N | Amount | Aggregate [*] Total |
|)9/25/19 | WFSE LOCAL 443 | | | | | х | | |
| | PO Box 105 | | | | | | \$1,000.00 | \$1,000.00 |
| | Olympia, WA 98507 | | | | | | | |
| | | Occu | pation | | | | | |
| 09/25/19 | KATHRYN HALSAN | | | | | х | | |
| | PO Box 1111 | | | | | | \$100.00 | \$100.00 |
| | Centralia, WA 98531 | | | | | | 4 | 4 |
| | | Occu | pation | | | | | |
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| | | Occu | pation | | 0 | - 1 - 1 | ė1 100 00 | |
| | Check here if additional pages are attached | | Sub-total Amount from attached pages | | | \$1,100.00 \$0.00 | *See reverse | |
| | | | | | | ş0.00 | | |
| | FUNDS RECEIVED AND DEPOSITED | | | | | | \$1,100.00 | for details. |
| | arts 1 and 2 above. Enter this amount in Deposit | i inte 1, Schedule A to | - | certify that this report is | true ar | nd cor | | / knowledge |
| 4. Date of Deposit | | | | I certify that this report is true and comp Treasurer's Signature | | | Date | |
| 09/25/19 | | | | Amanda McDougall | | | 10-19-2019 | |
| Troceurorie | s Daytime Telephone No.: | | A | manua menougal. | Ŧ | | T | .0-13-2019 |