

CASH RECEIPTS MONETARY

THIS SPACE FOR OFFICE USE 100942438

	TOLL FREE 1-877-601-2828	CONTRIBUT	IONS		(1/02)	10	-29-2019	
Candidate	or Committee Name (Do not abbreviate. \	Jse full name.)						
(Citiz	ens for Jami Lund)							
Mailing Ad	dress							
PO Box	1734							
City	City Zip + 4		Office Sought (candidates)			Election Date		
Centralia, WA 98531			SCHOOL DIRECTOR			2019		
1. MONET	ARY CONTRIBUTIONS DEPOSITED IN A	CCOUNT						
Date Received						Amount	Total	
	a. Anonymous							
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)							
10/29/19	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation					\$50.00		
	IBUTIONS OVER \$25.00 or less t	tot iternized and number t	ir persons givi n g (p	Dersor	15)	40000		
Date Received	Contributor's Name, Address, City, S		ons of more than \$100:* 's Name, City and State	P R I	G E N	Amount	Aggregate* Total	
10/29/19	ELIZABETH ZEPEDA				х		\$50.00	
	Swanson Dr Centralia, WA 98531					\$50.00		
		Occupation						
10/29/19	VIRGINIA GASKELL				х			
10, 13, 13	PO Box					\$100.00	\$100.00	
	Napavine, WA 98565							
		Occupation						
10/29/19	DALE PULLIN				х			
	3417 Cooks Hill Rd					\$125.00	\$175.00	
	Centralia, WA 98531	,	,					
	OccupationRETIRED							
10/29/19	KATHY PULLIN	N/A			х			
	3417 Cooks Hill Rd					\$125.00	\$175.00	
	Centralia, WA 98531	,	,					
	OccupationRETIRED							
10/29/19	MIKE BARRETT				х			
	107 N Green St Centralia, WA 98531						\$75.00	
		Occupation						
	Sub-total				otal	\$500.00		
	☐ Check here if additional pages are attached Amount from attached pages				-	\$50.00	*See reverse	

4. Date of Deposit

10/29/19

Treasurer's Daytime Telephone No.:

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.

Jami Lund

Treasurer's Signature

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

\$550.00

10-29-2019

for details.

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

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Deposit Date

(Citizens id	10/29/	10/29/19							
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*			
10/29/19	LINDA BARRETT 107 N Green St Centralia, WA 98531	Occupation		х	\$50.00	\$75.00			
		Occupation							
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