

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100943153  
 11-01-2019

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**(Citizens for Jami Lund)**

Mailing Address  
**PO Box 1734**

City: **Centralia, WA** Zip + 4: **98531** Office Sought (candidates): **SCHOOL DIRECTOR** 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 .....		
11/01/19	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons)	\$50.00	

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
11/01/19	JACK RUSSELL PO Box Galvin, WA 98544	Self Centralia, WA Occupation WILDLIFE MANAGEMENT		X	\$150.00	\$150.00
11/01/19	BRUCE HENRY 3324 Cooks Hill Rd Centralia, WA 98531	Occupation		X	\$50.00	\$100.00
11/01/19	JOANNE HENRY 3324 Cooks Hill Rd Centralia, WA 98531	Occupation		X	\$50.00	\$100.00
11/01/19	RON SECRIST 2017 Springer Hills Ln SE Olympia, WA 98501	Occupation		X	\$25.00	\$50.00
11/01/19	MARILYN SECRIST 2017 Springer Hills Ln SE Olympia, WA 98501	Occupation		X	\$25.00	\$50.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$350.00	*See reverse for details.
		Amount from attached pages			\$600.00	
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.					\$950.00	

4. Date of Deposit: **11/01/19**

Treasurer's Daytime Telephone No.:

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

Treasurer's Signature: **Jami Lund** Date: **11-01-2019**

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)  
 (Citizens for Jami Lund)

Deposit Date  
 11/01/19

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*
11/01/19	MICHAEL STROHBACH 104 Vega Pl Chehalis, WA 98532	Occupation		X	\$50.00	\$100.00
11/01/19	MARGARET STROHBACH 104 Vega Pl Chehalis, WA 98532	Occupation		X	\$50.00	\$100.00
11/01/19	ART SYMONS 1415 Mark Twain Dr Centralia, WA 98531	NA , Occupation <b>RETIRED</b>		X	\$250.00	\$300.00
11/01/19	GLENN SYMONS 1415 Mark Twain Dr Centralia, WA 98531	NA , Occupation <b>RETIRED</b>		X	\$250.00	\$300.00
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