

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100944731

11-09-2019

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

(Committee to Elect Tom Dent)

Mailing Address

601 S. Pioneer Way Ste. F PMB 396

City Zip + 4 Office Sought (candidates)
 Moses Lake, WA 98837 STATE REPRESENTATIVE

Election Date
 2020

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		\$80.00
	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:*	P R I	G E N	Amount	Aggregate* Total
11/08/19	STRUELI PUBLIC AFFAIRS LLC 5222 JAMES PL SE OLYMPIA, WA 98501		X		\$100.00	\$100.00
	Occupation					
11/08/19	STEPHEN M HAYDEN 2950 KILLMORE RD ELLENSBURG, WA 98926	SELF ELLENSBURG, WA	X		\$1,000.00	\$1,000.00
	Occupation	RETIRED				
11/08/19	STEPHEN M HAYDEN 2950 KILLMORE RD ELLENSBURG, WA 98926	SELF ELLENSBURG, WA		X	\$1,000.00	\$1,000.00
	Occupation	RETIRED				
11/08/19	CONSUMER FIREWORKS ASSOCIATION 16526 SHORE DR NE LAKE FOREST PARK, WA		X		\$200.00	\$200.00
	Occupation					
11/08/19	EPHRATA EYE CARE 1070 BASIN STREET SW EPHRATA, WA 98823		X		\$100.00	\$100.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,400.00	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$2,500.00

4. Date of Deposit

11/08/19

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

Treasurer's Signature

Date

Terry Weimer

11-09-2019

Treasurer's Daytime Telephone No.: (509)750-6926

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Committee to Elect Tom Dent)

Deposit Date
11/08/19

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*
11/08/19	JEREMY STORSS P O BOX 1056 KITTTITAS, WA 98934	Occupation	X		\$50.00	\$50.00
11/08/19	SARAH STORSS P O BOX 1056 KITTTITAS, WA 98934	Occupation	X		\$50.00	\$50.00
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Page Total \$100.00