

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100946169

11-22-2019

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: * Employer's Name, City and State	P R I N T	G E N E R A L	Amount	Aggregate* Total
11/21/19	CONNER FLYING SERVICE PO BOX 361 OTHELLO, WA 99344		X		\$250.00	\$250.00
		Occupation				
11/21/19	DONALD MCGRAW 18 PELICAN PL SE MOSES LAKE, WA 98837	SELF MOSES LAKE, WA	X		\$500.00	\$500.00
		Occupation				
11/21/19	PETER ROMANO 2431 BASALT DR QUINCY, WA 98848	SELF QUINCY, WA	X		\$300.00	\$300.00
		Occupation				
11/21/19	CEGNAR CO PO BOX 1393 MOSES LAKE, WA 98837		X		\$500.00	\$500.00
		Occupation				
11/21/19	PEMCO MUTUAL INSURANCE 1300 DEXTER AVE N SEATTLE, WA 98109		X		\$300.00	\$300.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,850.00	*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.

\$1,950.00

4. Date of Deposit

11/21/19

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

Treasurer's Signature

Date

Terry Weimer

11-22-2019

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date
11/21/19

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*
11/21/19	QUALLS AG LABORATORY 3975 DODSON ROAD N EPHRATA, WA 98823	Occupation	X		\$100.00	\$100.00
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Page Total \$100.00