

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

CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE 100978783

06-27-2020

(COMMITTEE TO ELECT MATT BOEHNKE) Mailing Address 6855 W. CLEARWATER AVE., STE 101 BOX 144 City Zip + 4Office Sought (candidates) **Election Date** STATE REPRESENTATIVE 2020 KENNEWICK, WA 99336 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount Total** Received \$90.00 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 less not itemized and number of persons giving (persons) 2. CONTRIBUTIONS OVER \$25.00 Contributions of more than \$100:* Aggregate* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received х 06/21/20 PREMERA BLUE CROSS PO BOX 327 \$500.00 \$1,000.00 SEATTLE, WA 98111 Occupation Occupation Occupation Occupation Occupation Sub-total \$500.00 Check here if additional Amount from \$0.00 pages are attached *See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$500.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge Treasurer's Signature Date 06/22/20 JASON MICHAUD 06-27-2020 Treasurer's Daytime Telephone No.: (253)220-5590