

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100979690

06-30-2020

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

**SAMUEL W HUNT (SAM HUNT FOR STATE SENATE)**

Mailing Address

**PO BOX 2573**

City

**OLYMPIA, WA**

Zip + 4

**98507-2573**

Office Sought (candidates)

**STATE SENATOR**

Election Date

**2020**

### 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 .....		
	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
06/29/20	LESLIE EMERICK 4022 Rechet CT SE Olympia, WA 98501		X		\$50.00	\$50.00
	Occupation					
06/29/20	WASHINGTON STATE AUTO DEALERS 621 SW Grady Way Renton, WA 98057			X	\$1,000.00	\$1,000.00
	Occupation					
06/29/20	CAROL A LIEN 8511 Evergreen DR NE Olympia, WA 98506		X		\$100.00	\$100.00
	Occupation					
06/29/20	BEN RAY 8049 68th LOOP SE Olympia, WA 98513		X		\$50.00	\$50.00
	Occupation					
06/29/20	JEANNE RAY 8049 68th LOOP SE Olympia, WA 98513		X		\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,250.00	*See reverse for details.
		Amount from attached pages			\$500.00	

### 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.

**\$1,750.00**

4. Date of Deposit

**06/30/20**

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

Treasurer's Signature

Date

**STEVEN DREW**

**06-30-2020**

Treasurer's Daytime Telephone No.: **(206)999-6776**

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

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Candidate or Committee Name (Do not abbreviate. Use full name.) <b>SAMUEL W HUNT (SAM HUNT FOR STATE SENATE)</b>	Deposit Date <b>06/30/20</b>
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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*
06/30/20	CWA COPE PCC 501 3rd Street NW Washington, DC 20001	Occupation	X		\$250.00	\$250.00
06/30/20	WASHINGTON PHYSICAL THERAPY PAC 1855 1st ST Cheney, WA 99004	Occupation	X		\$250.00	\$250.00
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Page Total \$500.00