| PUBLIC           | IC DISCLOSURE COMMISSION<br>711 CAPITOL WAY RM 206<br>PO BOX 40908<br>OLYMPIA WA 98504-0908<br>(360) 753-1111<br>TOLL FREE 1-877-601-2828<br>Idate or Committee Name (Do not abbreviate. Use full name.) |  | RY   |             | <b>C3</b>   | 10                    | THIS SPACE FOR OFFICE USE<br>101001264<br>09-27-2020 |  |
|------------------|--|--|--|-------------|-------------|-----------------------|--|--|
|                  | or Committee Name (Do not abbreviate.  | ,  |  |             |             |                       |  |  |
| Mailing Ad       |  | KE)  |  |             |             |                       |  |  |
| -                |  | 01 BOX 144                                   |  |             |             |                       |  |  |
| City             | 6855 W. CLEARWATER AVE., STE 101 BOX 144   City Zip + 4 Office Sought (candidates)   |  |  |             |             |                       | e  |  |
|                  | KENNEWICK, WA 9933   |  | STATE REPRESEN   |             |             | 2020                  |  |  |
|                  | ARY CONTRIBUTIONS DEPOSITED IN   |  |  |             |             | 2020                  |  |  |
|                  | I  |  |  |             |             | _                     |  |  |
| Date<br>Received |  |  |  |             |             | Amount                | Total  |  |
|                  |  |  |  |             |             |                       | \$90.00  |  |
|                  | a. Anonymous   |  |  |             |             |                       | 420100   |  |
|                  | 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 les  |  |  | (persor     |             | •                     |  |  |
| 2. CONTR         | BUTIONS OVER \$25.00   |  |  |             | r i         |                       |  |  |
| Date<br>Received | Contributor's Name, Address, City  |  | itions of more than \$100:*<br>er's Name, City and State   | P<br>R<br>I | G<br>E<br>N | Amount                | Aggregate <sup>*</sup><br>Total                      |  |
| 09/22/20         | WASHINGTON ASSOCIATION<br>PO BOX 719<br>OLYMPIA, WA 98507  | OF<br>Occupation<br>Occupation<br>Occupation | n  |             |             | \$250.00              | \$250.00   |  |
|                  |  |  |  |             |             |                       |  |  |
|                  |  | Occupation                                   | n  |             |             |                       |  |  |
|                  |  |  |  |             |             |                       |  |  |
|                  |  |  |  |             |             |                       |  |  |
|                  |  |  |  |             |             |                       |  |  |
|                  |  | Occupation                                   | n  |             |             |                       |  |  |
|                  | Sub-total  |  |  |             | \$250.00    | *See reverse          |  |  |
|                  | Check here if additional pages are attached  |  | Amount from<br>attached pages  |             |             |                       | \$0.00   |  |
|                  | FUNDS RECEIVED AND DEPOSITED (<br>arts 1 and 2 above. Enter this amount in   |  | D TO ACCOUNT   |             |             | \$250.00              | for details.   |  |
| 4. Date of I     |  |  |  | s true a    | nd comp     | ete to the best of my | v knowledae  |  |
| 09/25/20         |  |  | I certify that this report is true and complete to the best of my knowledg<br>Treasurer's Signature Date |             | -           |                       |  |  |
|                  | 25/20<br>S Daytime Telephone No.: (253)22(   | 0-5590                                       | JASON MICHAUD  |             |             | O                     | 09-27-2020   |  |