



# C3

(1/02)

101005511

10-12-2020

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

## The Leadership Council

Mailing Address

PO Box 12085

City

Zip + 4

Office Sought (candidates)

Election Date

Olympia, WA

98508

2020

## 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
10/09/20	a. Anonymous .....	\$0.00	
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c) .....	\$0.00	\$0.00
	c. Loans, notes, security agreements. Attach Schedule L .....		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation .....		
10/09/20	e. Small contributions \$25.00 or less not itemized and number of persons giving (persons)	\$0.00	

## 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  P G E N	Amount	Aggregate* Total
10/09/20	GOPAC Election Fund 2300 Clarendon Blvd Ste 1305 Arlington, VA 22201-3386	, Occupation		\$15,000.00	\$15,000.00
10/09/20	NW Innovation Works 380 W Marine Dr Kalama, WA 98625-9500	, Occupation		\$9,500.00	\$9,500.00
10/09/20	Delta Dental of Washington PO Box 75688 Seattle, WA 98175-0688	, Occupation		\$20,000.00	\$20,000.00
		, Occupation			
		, Occupation			
		, Occupation			
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages		\$44,500.00 \$0.00	*See reverse

## 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.

**\$44,500.00**

**\*See reverse  
for details.**

4. Date of Deposit

10/09/20

Treasurer's Daytime Telephone No.: (253) 988-2455

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

Treasurer's Signature

Date \_\_\_\_\_

Tom Perry

10-12-2020