

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 101005511
 10-12-2020

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

Mailing Address
PO Box 12085

City: **Olympia, WA** Zip + 4: **98508** Office Sought (candidates): _____ Election Date: **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	G E N	Amount	Aggregate* Total
10/09/20	GOPAC Election Fund 2300 Clarendon Blvd Ste 1305 Arlington, VA 22201-3386	,			\$15,000.00	\$15,000.00
	Occupation					
10/09/20	NW Innovation Works 380 W Marine Dr Kalama, WA 98625-9500	,			\$9,500.00	\$9,500.00
	Occupation					
10/09/20	Delta Dental of Washington PO Box 75688 Seattle, WA 98175-0688	,			\$20,000.00	\$20,000.00
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached				Sub-total \$44,500.00 Amount from attached pages \$0.00	*See reverse for details.
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	

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: **Tom Perry** Date: **10-12-2020**