

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

101006617

10-13-2020

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

(Committee to Elect Tom Dent)

Mailing Address

601 S. Pioneer Way Ste. F PMB 396

City Zip + 4 Office Sought (candidates)
 Moses Lake, WA 98837 STATE REPRESENTATIVE

Election Date
 2020

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		\$80.00
	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
10/13/20	HHFPAC 999 THIRD AVE SEATTLE, WA 98104			X	\$1,000.00	\$1,000.00
	Occupation					
10/13/20	WAS INGTONIANS WIN SPONSORED 3400 CAPITOL BLVD TUMWATER, WA 98501			X	\$500.00	\$500.00
	Occupation					
10/13/20	INVENERGY LLC ONE SOUTH AKER SUITE 1800 CHICAGO, IL 60606			X	\$500.00	\$500.00
	Occupation					
10/13/20	STAND FOR CHILDREN WASHINGTON 2121 SW GROADWAY SUITE 111 PORTLAND, OR 97201			X	\$500.00	\$500.00
	Occupation					
10/13/20	LYFT INC 185 BERRY DTREET SUITE 5000 SAN FRANCISCO, CA 94107			X	\$500.00	\$500.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,000.00	*See reverse for details.
		Amount from attached pages			\$1,000.00	

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.

\$4,000.00

4. Date of Deposit

10/13/20

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

Treasurer's Signature

Date

Terry Weimer

10-13-2020

Treasurer's Daytime Telephone No.: (509)750-6926

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.)
(Committee to Elect Tom Dent)

Deposit Date
10/13/20

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*
10/13/20	CHEVRON POLICY GOVT & PUBLIC PO BOX 6042 SAN RAMON, CA 94583	Occupation		X	\$1,000.00	\$1,000.00
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Page Total \$1,000.00