

**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: **Moses Lake, WA** Zip + 4: **98837** Office Sought (candidates): **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: Employer's Name, City and State	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**

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

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

Treasurer's Signature: **Terry Weimer** Date: **10-13-2020**

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

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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