

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

101009526

10-21-2020

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

**SAMUEL W HUNT (SAM HUNT FOR STATE SENATE)**

Mailing Address

**PO BOX 2573**

City

**OLYMPIA, WA**

Zip + 4

**98507-2573**

Office Sought (candidates)

**STATE SENATOR**

Election Date

**2020**

### 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous .....		
	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
10/21/20	MOLLY SULLIVAN 9054 Aster ST SE Tumwater, WA 98501			X	\$20.00	\$20.00
	Occupation					
10/21/20	KATRINA SIMMONS 2727 31st Court SE Olympia, WA 98501			X	\$25.00	\$25.00
	Occupation					
10/21/20	JENNIFER GRIECO 1110 Kaiko ST unit 91 Ewa Beach, HI 96706	Self EWA Beach, HI		X	\$20.00	\$20.00
	Occupation	ACUPUNCTURIST FOR VETS				
10/21/20	CLARK GILMAN 2614 Bush Ave NW Olympia, WA 98502			X	\$50.00	\$50.00
	Occupation					
10/21/20	LOUISE KELLY 8229 31st CT SE OLY, WA 98501			X	\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$165.00	*See reverse for details.
		Amount from attached pages			\$175.00	
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.					\$340.00	

4. Date of Deposit

10/21/20

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

Treasurer's Signature

Date

STEVEN DREW

10-21-2020

Treasurer's Daytime Telephone No.: (206)999-6776

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

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.) <b>SAMUEL W HUNT (SAM HUNT FOR STATE SENATE)</b>	Deposit Date <b>10/21/20</b>
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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*
10/21/20	JOHN KINGSBURY 120 State Ave NE Olympia, WA 98501	 Occupation		X	\$100.00	\$100.00
10/21/20	FORREST FRANK 6783 SW Locust Street Tigard, OR 97223	, Occupation RETIRED		X	\$50.00	\$50.00
10/21/20	JANE RUSHFORD 1515 Pheasant LN NW Olympia, WA 98502	Washington State Olympia, WA Occupation LIQUOR AND CANNABIS COMMISSIONER		X	\$25.00	\$25.00
		 Occupation				
		 Occupation				
		 Occupation				
		 Occupation				
		 Occupation				
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		 Occupation				
		 Occupation				

Page Total \$175.00