| | DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 | CASH RECI MONETARY CONTRIBU | (| C3 | 10 | THIS SPACE FOR OFFICE USE 100834035 06-04-2018 | |
|------------------|--|-----------------------------------|--|----------------|-------------------------|--|--|
| Candidate o | r Committee Name (Do not abbreviate. | Use full name.) | | | | | |
| TOM SEG | UINE (Committee to Elect | : Tom SeGuine) | | | | | |
| Mailing Add | ress | | | | | | |
| P. O. B | ox 2734 | | | | | | |
| City | | Zip + 4 | Office Sought (candid | | Election Dat | te | |
| | ernon, WA | 98273 | APPEALS COURT JUDGE | | 2018 | | |
| 1. MONETA | RY CONTRIBUTIONS DEPOSITED IN | ACCOUNT | | | | | |
| Date Received | | | | | Amount | Total | |
| | a. Anonymous | | | | | | |
| | | | | | | | |
| | b. Candidate's personal funds depos | | | | | | |
| 5/29/18 | c. Loans, notes, security agreements | Attach Schedule L | | | \$3,906.43 | | |
| | d. Miscellaneous receipts (interest, re | efunds, auctions, other). | Attach explanation | | | | |
| | e. Small contributions \$25.00 or less | | | persons) | | | |
| 2. CONTRIE | BUTIONS OVER \$25.00 | not itemized and number | | | | | |
| Date Received | Contributor's Name, Address, City, | | tions of more than \$100: [*] r's Name, City and State | PG RE IN | Amount | Aggregate [*] Total | |
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| | | Occupation | | | | | |
| | | | | Sub-total | \$3,906.43 | | |
| | Check here if additional pages are attached | | Amount from attached pages | | | *See reverse | |
| | UNDS RECEIVED AND DEPOSITED OF ts 1 and 2 above. Enter this amount in I | | | u payes | \$3,906.43 | for details. | |
| 4. Date of D | | | I certify that this report is | true and com | plete to the best of my | y knowledge | |
| | | Treasurer's Signature | | Date | | | |
| 05/3 | 29/18 | | ricustrici s elgilatare | | | Dato | |

| LUANS | | то с | | EDULE | | |
|---|---|---|-------------------------------------|---|--|----------|
| | | | OR C | 4 (12/99) | Page 2 | |
| Candidate | or Committee Name | | | | Report Dat | е |
| TOM SEGUI | NE (Committee to Elect Tom SeGu: | ne) | <i></i> | | | |
| 1. MONETA Date | ARY OR IN-KIND LOAN RECEIVED. Loans are Lender's Name and Address | | nt of Loan | re subject to any applic Annual Interest | able limit. Repayment | Date Due |
| Loaned | | RE | | Rate | Schedule | Duit Duc |
| 05/29/18 | TOM SEGUINE | \mathbf{x} \$3,9 | 06.43 | 0% | | |
| | P. O. Box 2734 | | | | Lender's Occupation and Name, City & State of Employer | |
| If mon | etary loan, also include this amount on line 1c, C3 report | | | | Name, City & State of | Employer |
| | If in-kind loan, itemize in Part 1 of Schedule B | | t Lieble For | | | |
| Name and Address of Each Loan Endorser, Co-Signer | | Amount Liable Fo R E I N Amount) | | Aggregate Total | Endorser's Occupation and Name, City, & State of Employer | |
| Data | Lender's Name and Address | P G Amou | nt of Loan | Annual Interest | Denovment | Data Dua |
| Date Loaned | Lender's Name and Address | R E I N | nt of Loan | Rate | Repayment Schedule | Date Due |
| | | | | | Lender's Occupation a Name, City & State of | |
| If mone | ا etary loan, also include this amount on line 1c, C3 report If in-kind loan, itemize in Part 1 of Schedule B | | | | | |
| Name and Address of Each Loan Endorser, Co-Signer | | R E (Sam | t Liable For e as Loan nount) | Aggregate Total | Endorser's Occupation and Name, City, & State of Employer | |
| Date Loaned | Lender's Name and Address | P G Amou R E I N | nt of Loan | Annual Interest Rate | Repayment Schedule | Date Due |
| | | | | | Lender's Occupation a Name, City & State of | |
| If mone | ا etary loan, also include this amount on line 1c, C3 report lf in-kind loan, itemize in Part 1 of Schedule B | | | | | |
| Name and A | ddress of Each Loan Endorser, Co-Signer | P G Amoun R E (Sam | t Liable For e as Loan nount) | Aggregate Total | Endorser's Occupatior City, & State of Employ | |
| Date Loaned | Lender's Name and Address | P G Amou R E I N | nt of Loan | Annual Interest Rate | Repayment Schedule | Date Due |
| | | | | | Lender's Occupation a Name, City & State of | |
| If mone | etary loan, also include this amount on line 1c, C3 report If in-kind loan, itemize in Part 1 of Schedule B | | | | | |
| Name and Address of Each Loan Endorser, Co-Signer | | R E (Sam | t Liable For e as Loan mount) | Aggregate Total Endorser's Occupation and Na City, & State of Employer | | |
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