

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100857380

09-10-2018

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

DAVID HAYES (Committee to Elect Dave Hayes)

Mailing Address

26910 92nd Ave NW, Ste C5 PMB 183

City	Zip + 4	Office Sought (candidates)
Stanwood, WA	98292	STATE REPRESENTATIVE

Election Date
2018

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
09/03/18	GARY WOLD PO BOX 1273 STANWOOD, WA 98292			X	\$50.00	\$50.00
	Occupation					
09/03/18	KROGER 1014 VINE ST CINCINNATI, OH 45202			X	\$500.00	\$500.00
	Occupation					
09/03/18	WEPAC 1621 114th Ave SE, Ste 115 Bellevue, WA 98004			X	\$500.00	\$500.00
	Occupation					
09/03/18	ASSOC GENERAL CONTRACTORS OF 1200 WESTLAKE AVE N, SUITE 301 SEATTLE, WA 98109			X	\$1,000.00	\$1,000.00
	Occupation					
09/03/18	PUGET SOUND ENERGY PO BOX 97034 BELLEVUE, WA 98009			X	\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,050.00	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$3,150.00

4. Date of Deposit

09/04/18

Treasurer's Daytime Telephone No.: **(425) 754-9875**

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

Treasurer's Signature

Date

Elizabeth Hayes

09-10-2018

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.) DAVID HAYES (Committee to Elect Dave Hayes)	Deposit Date 09/04/18
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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*
09/02/18	DONALD R SCHLAGEL 273 W. JIM CREEK RD CAMANO ISLAND, WA 98282	Don Schlager Insurance Arlington, WA Occupation INSURANCE AGENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
09/02/18	FRANCES SCHLAGEL 273 W. JIM CREEK RD CAMANO ISLAND, WA 98282	, Occupation RETIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$100.00