| OLYMPIA WA 98504-0908 (360) 753-1111 MON | | MONETARY | SH RECEIPTS NETARY NTRIBUTIONS | | 3 | THIS SPACE FOR OFFICE USE 100858892 09-14-2018 | |
|---|---|--|--|---|---------|--|---------------------------------|
| Candidate | or Committee Name (Do not abbreviate. | Use full name.) | | | | | |
| | M PAUL (Friends of Dave | Paul) | | | | | |
| Mailing Ad | dress | | | | | | |
| PO Box | 387 | | | | | | |
| , | | Zip + 4 | | Office Sought (candidates) STATE REPRESENTATIVE | | Election Da | te |
| | | 98277 | SIALE REPRESENTATIVE | | 6 | 2018 | |
| 1. MONET | ARY CONTRIBUTIONS DEPOSITED IN | IACCOUNT | | | | | |
| Date Received | | | | | | Amount | Total |
| | a. Anonymous | | | | | | \$121.00 |
| | 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, | d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation | | | | | |
| | e. Small contributions \$25.00 or less | s not itemized and number o | of persons giving (| persons) | | | |
| 2. CONTR | IBUTIONS OVER \$25.00 | | | ĨŢ | | ľ | |
| Date Received | Contributor's Name, Address, City | | ons of more than \$100: [*] 's Name, City and State | P G R E I N | | Amount | Aggregate [*] Total |
| 09/08/18 | DEANNA CLAUS 3361 Biz Point Rd | | | X | | \$40.00 | \$40.00 |
| | Anacortes, WA 98221 | | | | | | |
| | | Occupation | | x | | | |
| 09/09/18 | MARY STIVELY | ChildSti | ChildStive | | - | | _ |
| | 9215 Sierra St Edmonds, WA 98020 | Everett, | Everett, WA | | | \$100.00 | \$100.00 |
| | | | OccupationDIRECTOR OF PROGRAMS | | | | |
| | | OccupationE | JIRECION OF FROM | | | | |
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| | | Occupation | Occupation | | | | |
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| | | Occupation | | | _ | | |
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| | | Occupation | | | | | |
| | | | Sub-total Amount from attached pages | | | \$140.00 | |
| | Check here if additional | | | | | \$0.00 | *See reverse for details. |
| | pages are attached FUNDS RECEIVED AND DEPOSITED C | | | | | \$140.00 | |
| - | arts 1 and 2 above. Enter this amount in Deposit | i line 1, Schedule A to C4. | I certify that this report is | true and o | omplete | - | v knowledge |
| 4. Date of Deposit | | F | I certify that this report is true and complete to the best of my knowle Treasurer's Signature Date | | | | |
| | /12/18 s Davtime Telenhone No · (206)682 | 2-7328 | Jay Petterson | | | (| 9-14-2018 |
| rieasurer | s Daytime Telephone No.: (206)682 | | | | | | |