

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100863215

10-08-2018

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

Vandana Slatter (Friends of Vandana Slatter)

Mailing Address

11900 NE 1st St #300

City

Bellevue, WA

Zip + 4

98005

Office Sought (candidates)

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:*	P R I	G E N	Amount	Aggregate* Total
09/28/18	Campaign for Tribal 1110 Capitol Way S, Ste 404 Olympia, WA 98501-2251	,		X	\$1,000.00	\$1,000.00
	Occupation					
09/30/18	Aetna, Inc. 151 Farmington Ave Hartford, CT 06156-0001	,		X	\$500.00	\$500.00
	Occupation					
09/30/18	UnitedHealth Group, Inc. PO Box 1459 Minneapolis, MN 55440-1459	,		X	\$500.00	\$500.00
	Occupation					
10/01/18	Council of Police Political 200 Union Ave SE Olympia, WA 98501-1322	,		X	\$500.00	\$500.00
	Occupation					
10/01/18	Nucor PAC of WA 2424 SW Andover St Seattle, WA 98106-1100	,		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

10/05/18

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

Treasurer's Signature

Date

Abbot Taylor

10-08-2018

Treasurer's Daytime Telephone No.: **(206)218-3108**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.) Vandana Slatter (Friends of Vandana Slatter)	Deposit Date 10/05/18
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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*
10/01/18	Sunovion Pharmaceuticals Inc. 84 Waterford Dr Marlborough, MA 01752-7010	, Occupation		X	\$1,000.00	\$1,000.00
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Page Total \$1,000.00