

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100868876

10-25-2018

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

TOM SEGUINE (Committee to Elect Tom SeGuine)

Mailing Address

P. O. Box 2734

City

Mount Vernon, WA

Zip + 4

98273

Office Sought (candidates)

APPEALS COURT JUDGE

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		
10/25/18	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	\$25.00	

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
10/25/18	BRETT PERKINS P O Box 447 Poughquag, NY 12570			X	\$50.00	\$100.00
	Occupation					
10/25/18	ALBERT G PERKINS PO Box 61 Hopewell Junction, NY 12533			X	\$250.00	\$250.00
	Occupation	RETIRE				
10/25/18	JOHN P LIVINGSTON 119 N COMMERCIAL ST STE 1345 BELLINGHAM, WA 98225	SELF-EMPLOYED		X	\$250.00	\$500.00
	Occupation	ATTORNEY				
10/25/18	WHATCOM COUNTY AFFORDABLE 3323 Northwest Avenue Bellingham, WA 98225			X	\$500.00	\$500.00
	Occupation					
10/25/18	WHATCOM COUNTY REPUBLICAN 2321 E Bakerview Rd, Suite B Bellingham, WA 98226			X	\$500.00	\$500.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,575.00	*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.

\$1,675.00

4. Date of Deposit

10/25/18

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

Treasurer's Signature

Date

Richard A Rekdal

10-25-2018

Treasurer's Daytime Telephone No.: (425)658-1400

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.) TOM SEGUINE (Committee to Elect Tom SeGuine)	Deposit Date 10/25/18
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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*
10/25/18	THEODORE THERRIAULT P O Box 628 Mountlake Terrace, WA 98043	Occupation		X	\$50.00	\$50.00
10/25/18	KARLA THERRIAULT P O Box 628 Mountlake Terrace, WA 98043	Occupation		X	\$50.00	\$50.00
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Page Total \$100.00