

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100981639

07-10-2020

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

**Emily Randall (Emily Randall for Senate)**

Mailing Address

**PO Box 1883**

City

**Port Orchard, WA**

Zip + 4

**98366**

Office Sought (candidates)

**STATE SENATOR**

Election Date

**2022**

## 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 N T	G E N E R A L	Amount	Aggregate* Total
06/16/20	Adrienne Stuart 6135 Panorama Dr NE Tacoma, WA 98422-1218	Developmental Disabilities Council Tacoma, WA Occupation Director of Public Policy	X		\$100.00	\$426.00
06/20/20	Daniel Sullivan 1969 Oak St San Francisco, CA 94117-1801	, Occupation	X		\$50.00	\$50.00
06/21/20	Dianne Lee 8302 Dogwood Ln NW Gig Harbor, WA 98332-6724	, Occupation	X		\$10.00	\$40.00
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$160.00 \$0.00	*See reverse for details.

## 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.

**\$160.00**

4. Date of Deposit

**06/22/20**

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

Treasurer's Signature

Date

**Abbot Taylor**

**07-10-2020**

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