

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

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

THIS SPACE FOR OFFICE USE

101014742

11-10-2020

Emily	Randall (Emily Randall for Se	enate)				
Mailing Ad	ldress					
PO Box	1883					
City Zip + 4		4	Office Sought (candidates)	Election Da	Election Date	
Port Orchard, WA 98366		66	STATE SENATOR	2022		
1. MONET	TARY CONTRIBUTIONS DEPOSITED IN ACCOU	UNT				
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					
	e. Small contributions \$25.00 or less not ite	mized and numbe	r of persons giving (persons)			
2. CONTR	RIBUTIONS OVER \$25.00		tions of more than \$100:* PGR E	Amount	Aggregate*	
Received	Contributor's Name, Address, City, State,		er's Name, City and State I N		Total	
.0/16/20	Adrienne Stuart	Develop	mental Disabilities X	_		
	6135 Panorama Dr NE	Council		\$100.00	\$826.00	
	Tacoma, WA 98422-1218	Tacoma,				
		Occupation	Director of Public Poli	icy		
				_		
				_		
		Occupation	n			
				_		
		Occupation	1			
				_		
				_		
		Occupation	1			
				_		
		Occupation	1			
			Sub-total	\$100.00		
	Check here if additional pages are attached		Amount from attached pages	70.00	*See reverse	
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.				\$100.00	for details.	
4. Date of Deposit			I certify that this report is true and complete to the best of my knowledge			
10/19/20			Treasurer's Signature Date		Date	
Treasurer's Daytime Telephone No.: (206)218-3108			Abbot Taylor	11-10-2020		
i i Gasui El	o Dayamo Tolophono No					