

07/07/21

Treasurer's Daytime Telephone No.: (206)682-7328

## CASH RECEIPTS MONETARY CONTRIBUTIONS

**C3** 

THIS SPACE FOR OFFICE USE

Date

07-15-2021

110033622

Candidate or Committee Name (Do not abbreviate. Use full name.)  (Friends of Dave Paul)  Mailing Address PO BOX 387  City Zip +4 Office Sought (candidates) PO BOX 387  I. MORTARY CONTRIBUTIONS DEPOSITED IN ACCOUNT  Date Received  a. Anonymous.  b. Candidate's personal funds deposted in the bank (include candidate loans in 1c)		TOLL FREE 1-8//-001-2828	CONTRIBUTIONS			(1/02)	07	07-15-2021	
Mailing Address PO BOX 387 City	Candidate	or Committee Name (Do not abbreviate	. Use full nam	e.)		-1			
Total Sought (candidates)  City	(Frien	ds of Dave Paul)							
City OAK HARBOR, WA 98277 STATE REPRESENTATIVE 2022  I MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT  Date Received  9. Anonymous	_								
1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT  Date Received  a. Anonymous b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)	<del></del>						51 5		
Date   Received   Amount   Total			·				m T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Date Received  a. Anonymous	<u> </u>			STATE KEIKESENTATIVE			2022		
Received  a. Anonymous	1. MONE	ART CONTRIBUTIONS DEFOSITED IN	ACCOUNT						
b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)							Amount	Total	
c. Loans, notes, security agreements. Attach Schedule L		a. Anonymous							
d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)							
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 X X X		c. Loans, notes, security agreements. Attach Schedule L							
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 7 Total 7		, , , , , , , , , , , , , , , , , , , ,					_		
Date Received Contributor's Name, Address, City, State, Zip Employer's Name, City and State 7	2 CONTR		s not itemized	and number of p	persons giving(	persons)			
Cocupation   Sub-total   \$25.00   \$50.00	Date	Date				R E	Amount		
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Treasurer's Signature

Josie Olsen