

## **CASH RECEIPTS MONETARY CONTRIBUTIONS**

THIS SPACE FOR OFFICE USE

110045727

09-09-2021

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

(Friends of Dave Paul)

Mailing Address

PO BOX 387

City

OAK HARBOR, WA

Zip + 4 98277

Office Sought (candidates) STATE REPRESENTATIVE

2022

**Election Date** 

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received						Amount	Total
	a. Anonymous						
	b. Candidate's personal funds deposited in the b	ank (include o	candidate loans in 1c).				
	c. Loans, notes, security agreements. Attach Sc						
	d. Miscellaneous receipts (interest, refunds, auct						
08/30/21	e. Small contributions \$25.00 or less not itemized	\$125.00					
2. CONTR	BUTIONS OVER \$25.00						
Date Received	Contributor's Name, Address, City, State, Zip		tions of more than \$1 er's Name, City and S	I.	G E N	Amount	Aggregate* Total
08/30/21	LINDA BAINBRIDGE			х			
	4459 Towhee Ln Greenbank, WA 98253					\$100.00	\$100.00
		Occupation	1				
08/30/21	BRANDON NELSON			х			
	1011 SW Glenmont Ave					\$50.00	\$50.00
	Oak Harbor, WA 98277					,	
		Occupation	1				
08/30/21	MARGARETHE CAMMERMEYER			x			
	4632 Tompkins Rd					\$25.00	\$50.00
	Langley, WA 98260						•
		Occupation	1				
08/30/21	ROBERT RIGGS			х			
	6532 Wahl Rd					\$100.00	\$100.00
	Freeland, WA 98249						•
		Occupation	1				
08/30/21	SUES TINGSTAD	Not Emp	loved	х			
	508 Broadway NW	Coupeville, WA			\$100.00	\$200.00	
	Coupeville, WA 98239						
		Occupation	NOT EMPLOYED				
		Occupation	1	Sub-	total	\$500.00	
	■ Check here if additional			Amount	from	\$300.00	
	pages are attached	attached pages			ages		*See reverse
	FUNDS RECEIVED AND DEPOSITED OR CREDITE arts 1 and 2 above. Enter this amount in line 1, Scheo					\$800.00	for details.
4. Date of				oort is true a	and con	nplete to the best of my	y knowledge
			Treasurer's Signat	ure		i	Date

08/31/21

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

Josie Olsen 09-09-2021

## **RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)**

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

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Deposit Date

(Friends of	08/31	08/31/21				
2. CONTRIBU	TIONS 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*
08/30/21	TOM EWELL 4774 Hansen Dr Clinton, WA 98236	Occupation	х		\$50.00	\$50.00
08/30/21	FRANK CHOPP 4209 Sunnyside Ave N Seattle, WA 98103	Washington State Seattle, WA Occupation STATE REPRESENTA	X TIVE	E	\$250.00	\$250.00
		Occupation				
		Occupation				
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