

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

110045851

09-09-2021

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

(FRIENDS OF JOE FITZGIBBON)

Mailing Address

PO BOX 66235

City Zip + 4 Office Sought (candidates)  
**BURIEN, WA 98166 STATE REPRESENTATIVE**

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:*	P R I	G E N	Amount	Aggregate* Total
08/17/21	STEPHANIE SOLIEN 571 Buoy Bay Rd Olga, WA 98279	Not Employed Olga, WA Occupation RETIRED	X		\$500.00	\$500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$500.00	*See reverse for details.
		Amount from attached pages			\$0.00	

## 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.

\$500.00

4. Date of Deposit

08/17/21

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

Treasurer's Signature

Date

JAY PETTERSON

09-09-2021

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