

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

110059384

10-29-2021

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

(Elect Jesse Salomon)

Mailing Address

PO Box 77295

City

Seattle, WA

Zip + 4

98177

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	G E N	Amount	Aggregate* Total
10/27/21	WASHINGTON CHIROPRACTIC TRUST 21400 International Blvd Seatac, WA 98198			X	\$1,000.00	\$1,000.00
	Occupation					
10/27/21	WASHINGTON MEDICAL PAC CMTE 2001 Sixth Ave Ste 2700 Seattle, WA 98121		X		\$1,000.00	\$1,000.00
	Occupation					
10/27/21	AT&T 7277 164th Ave NE Redmond, WA 98052		X		\$1,000.00	\$1,000.00
	Occupation					
10/27/21	AGRI BEEF MANAGEMENT 1555 W Shoreline Dr Ste 320 Boise, ID 83702		X		\$1,000.00	\$1,000.00
	Occupation					
10/27/21	WASHINGTON REFUSE AND 4160 6th Ave SE Ste 205 Lacey, WA 98503		X		\$500.00	\$500.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$4,500.00	*See reverse for details.
		Amount from attached pages			\$500.00	

### 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.

\$5,000.00

4. Date of Deposit

10/29/21

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

Treasurer's Signature

Date

Josie Olsen

10-29-2021

Treasurer's Daytime Telephone No.: (206) 678-7328

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

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

Deposit Date  
10/29/21

## 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	G E N	Amount	Aggregate Total*
10/27/21	NISQUALLY INDIAN TRIBE 4820 She-Nah-Num Dr SE Olympia, WA 98513	Occupation	X		\$500.00	\$500.00
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Page Total \$500.00