



CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110062047

11-16-2021

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

JAMIE D PEDERSEN (PEOPLE FOR PEDERSEN)

Mailing Address

815 1ST AVE #111

City

Zip + 4

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 N T	G E N	Amount	Aggregate* Total
11/16/21	WASHINGTON HOSPITALITY 510 PLUM STREET SE SUITE 200 OLYMPIA, WA 98501		X		\$1,000.00	\$1,000.00
		Occupation				
11/16/21	MEDNAX, INC PAC 1301 CONCORD TERRACE SUNRISE, FL 33323		X		\$1,000.00	\$1,000.00
		Occupation				
11/16/21	WEYERHAEUSER PO BOX 9769 FEDERAL WAY, WA 98063-9769		X		\$1,000.00	\$1,000.00
		Occupation				
11/16/21	PHARMACEUTICAL CARE MANAGEMENT 325 7TH ST NW, 9TH FLOOR WASHINGTON, DC 20004		X		\$250.00	\$250.00
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,250.00	
		Amount from attached pages			\$0.00	*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.

4. Date of Deposit

11/16/21

Treasurer's Daytime Telephone No.: (206) 757-8578

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

Treasurer's Signature

Date _____

JEFF SABADO

11-16-2021