

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110062656

11-29-2021

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

Nicole Macri (Friends of Nicole Macri)

Mailing Address

PO Box 9100

City

Seattle, WA

Zip + 4

98109

Office Sought (candidates)

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 <u>0</u> (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
11/23/21	Cedar Grove Composting Inc 7343 East Marginal Way South Seattle, WA 98108		X		\$250.00	\$250.00
	Occupation					
11/23/21	Community Health Network Of WA 1111 3rd Avenue Suite 400 Seattle, WA 98101		X		\$1,000.00	\$1,000.00
	Occupation					
11/23/21	Johnson & Johnson Services Inc 1350 I Street Northwest Washington, DC 20005		X		\$500.00	\$500.00
	Occupation					
11/23/21	Justice for All PAC 1511 State Avenue Northeast Olympia, WA 98506		X		\$500.00	\$500.00
	Occupation					
11/23/21	Pfizer Inc 949 South Shady Grove Road Memphis, TN 38120		X		\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,250.00	*See reverse for details.
		Amount from attached pages			\$2,000.00	

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.

\$5,250.00

4. Date of Deposit

11/24/21

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

Treasurer's Signature

Date

Jason Bennett

11-29-2021

Treasurer's Daytime Telephone No.: **(206)486-0085**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)
Nicole Macri (Friends of Nicole Macri)

Deposit Date
11/24/21

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*
11/23/21	SEIU 1199 NW Healthcare 15 South Grady Way Renton, WA 98057	Occupation	X		\$1,000.00	\$1,000.00
11/23/21	WA Physical Therapy PAC 1855 1st Street Cheney, WA 99004	Occupation	X		\$1,000.00	\$1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total \$2,000.00