

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

110064163

12-07-2021

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

**Nicole Macri (Friends of Nicole Macri)**

Mailing Address

**PO Box 9100**

City Zip + 4 Office Sought (candidates)  
**Seattle, WA 98109 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:<br>Employer's Name, City and State | P<br>R<br>I | G<br>E<br>N | Amount   | Aggregate*<br>Total       |
|---------------|--|--|-------------|-------------|----------|---------------------------|
| 11/30/21      | SEIU 775 Quality Care Comm<br>215 Columbia Street<br>Seattle, WA 98104 |  | 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   |                           |
|               |  |  |             |             | \$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.

4. Date of Deposit

**12/02/21**

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

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

Treasurer's Signature

Date

**Jason Bennett**

**12-07-2021**