

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110066480

12-14-2021

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

Alicia Rule (Vote Alicia Rule)

Mailing Address

701 Harrison Avenue #444

City Zip + 4 Office Sought (candidates)
Blaine, WA 98230 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		
12/08/21	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons)	\$50.00	

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 E R A L	Amount	Aggregate* Total
12/10/21	Heather Flaherty 1040 Queen Street Bellingham, WA 98229		X		\$30.00	\$30.00
	Occupation					
12/10/21	Marcie Maxwell 74977 S Cove Dr Indian Wells, CA 92210		X		\$50.00	\$50.00
	Occupation					
12/10/21	Alec Berkman 5475 Canvasback Road Blaine, WA 98230	Not Employed ,	X		\$250.00	\$250.00
	Occupation	Not Employed				
12/10/21	Flip Breskin 2518 Cherry Street Bellingham, WA 98225		X		\$20.00	\$40.00
	Occupation					
12/10/21	Timothy Douglas 2114 Williams Street Bellingham, WA 98225	Not Employed ,	X		\$150.00	\$150.00
	Occupation	Not Employed				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$550.00	*See reverse for details.
		Amount from attached pages			\$10.00	

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.

\$560.00

4. Date of Deposit

12/10/21

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

Treasurer's Signature

Date

Jason Bennett

12-14-2021

Treasurer's Daytime Telephone No.:

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

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

Deposit Date
12/10/21

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*
12/10/21	Dorothy Mowry 700 Cedar Drive Lynden, WA 98264	Occupation	X		\$10.00	\$35.00
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Page Total \$10.00