PUBLIC	TOLL FREE 1-877-601-2828 CONTRIBUTIONS				3	THIS SPACE FOR OFFICE USE 110066481 12-14-2021	
Candidate	or Committee Name (Do not abbreviate. L	Jse full name.)			L		
Alicia	Rule (Vote Alicia Rule)						
Mailing Add	dress						
701 Hai	rrison Avenue #444						
City	City Zip + 4		Office Sought (candidates)		Election Date		
Blaine, WA 98230			STATE REPRESENTATIVE		2022		
1. MONET	ARY CONTRIBUTIONS DEPOSITED IN A	CCOUNT					
Date Received						Amount	Total
	a. Anonymous						
	b. Candidate's personal funds deposit	ed in the bank (in	clude cand	idate loans in 1c)			
	c. Loans, notes, security agreements.	Attach Schedule	L				
	d. Miscellaneous receipts (interest, re	funds, auctions, of	ther). Atta	ch explanation			
12/07/21	e. Small contributions \$25.00 or less r	ot itemized and n	umber of r	persons givi <mark>l</mark> a (r	persons)	\$25.00	
	BUTIONS OVER \$25.00					•	
Date Received	Contributor's Name, Address, City, S			s of more than \$100: [*] Name, City and State	PG RE IN	Amount	Aggregate [*] Total
12/07/21	Cascade Natural Gas Corp 8113 West Grandridge Bou Kennewick, WA 99336				x	\$500.00	\$500.00
		Оссі	upation				
L2/07/21	Delta Dental PO Box 75688 Seattle, WA 98175				X	\$500.00	\$500.00
		Οςςι	upation				
L2/07/21	Hampton Lumber 9600 Southwest Barnes Ro Portland, OR 97225	ad			X	\$500.00	\$500.00
		Οςςι	upation		1 1		
L2/07/21	Marion Heath 1145 Marine Drive Bellingham, WA 98225				X	\$50.00	\$50.00
		Оссі	upation				
L2/07/21	4682 Wynn Road		DBA Natalie McClendon X Bellingham, WA			\$250.00	\$250.00
		0.00	Business Manager Occupation				
			Sub-total Amount from attached pages			\$1,825.00	
Check here if additional pages are attached						\$3,000.00	*See reverse
	FUNDS RECEIVED AND DEPOSITED OR arts 1 and 2 above. Enter this amount in lin				T	\$4,825.00	for details.
4. Date of I				I certify that this report is	true and com	nplete to the best of my	knowledge
12/10/21				Treasurer's Signature		Date 12-14-2021	
Treasurer's	B Daytime Telephone No.:		J	abon Bennett		Ŧ	2 · 1 7 - 2021

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) Alicia Rule (Vote Alicia Rule) Page 2____ Deposit Date

12/10/21

2. CONTRIBUT	FIONS 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*
12/07/21	SEIU 775 Quality Care Comm 215 Columbia Street Seattle, WA 98104	Occupation	x		\$1,000.00	\$1,000.00
12/07/21	SEIU Healthcare 1199 NW PAC 15 S GRADY WAY SUITE 200 Renton, WA 98057	Occupation	x		\$1,000.00	\$1,000.00
12/07/21	Washingtonians Win - sponsored PO Box 306 Olympia, WA 98507	Occupation	x		\$1,000.00	\$1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation	1			
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total \$3,000.00