

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110066801

12-20-2021

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

(Friends of Dave Paul)

Mailing Address

PO BOX 387

City Zip + 4 Office Sought (candidates)
 OAK HARBOR, WA 98277 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 _____ (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
12/07/21	PATRICIA RESSEGUIE 196 Maple St Camano Island, WA 98282		X		\$50.00	\$50.00
		Occupation				
12/08/21	GAIL FREDLUND 12183 Bayhill Dr Burlington, WA 98233	Not Employed Burlington, WA	X		\$75.00	\$175.00
		OccupationNOT EMPLOYED				
12/08/21	JIM DEANNE 3325 SE Camano Dr Camano Island, WA 98282		X		\$100.00	\$100.00
		Occupation				
12/08/21	LYNN LUMBARD 6591 Deer Foot Ln Freeland, WA 98249	Not Employed Freeland, WA	X		\$1,000.00	\$1,000.00
		OccupationNOT EMPLOYED				
12/08/21	MARY CAMPBELL 14362 Jura Ln Anacortes, WA 98221	Not Employed Anacortes, WA	X		\$100.00	\$125.00
		OccupationNOT EMPLOYED				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,325.00	*See reverse for details.
		Amount from attached pages			\$250.00	

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.

\$1,575.00

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

Josie Olsen

12-20-2021

Treasurer's Daytime Telephone No.: (206) 682-7328

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends of Dave Paul)

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*
12/08/21	AMY GARRETT 2250 Skycrest Dr Coupeville, WA 98239	PAWI Oak Harbor, WA Occupation PEDIATRICIAN	X		\$250.00	\$350.00
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Page Total \$250.00