

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

110067469

01-02-2022

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

(CITIZENS FOR STEVE BERGQUIST)

Mailing Address

PO BOX 2050

City Renton, WA Zip + 4 98056 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 _____ (persons)		

### 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:*	P R I	G E N	Amount	Aggregate* Total
12/10/21	LUMEN TECHNOLOGY SERVICES PO Box 4065 Monroe, LA 71211		X		\$500.00	\$500.00
	Occupation					
12/10/21	CRAFT CANNABIS COALITION PAC 748 MARKET STREET STE 500 TACOMA, WA 98402		X		\$500.00	\$500.00
	Occupation					
12/10/21	PUYALLUP TRIBE OF INDIANS 3009 EAST PORTLAND AVE TACOMA, WA 98404		X		\$1,000.00	\$1,000.00
	Occupation					
12/10/21	DELTA DENTAL OF WASHINGTON PO BOX 75688 SEATTLE, WA 98175-0688		X		\$1,000.00	\$1,000.00
	Occupation					
12/10/21	WASHINGTON INDIAN GAMING 525 BEAR STREET OLYMPIA, WA 98501		X		\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$4,000.00	*See reverse for details.
		Amount from attached pages			\$1,000.00	

### 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.

\$5,000.00

### 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

STEVE BERGQUIST

01-02-2022

Treasurer's Daytime Telephone No.: (425) 306-7569

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)  
(CITIZENS FOR STEVE BERGQUIST)

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	HOSPITALS FOR A HEALTHY FUTURE 999 Third Ave, Suite 1400 Seattle, WA 98104	Occupation	X		\$1,000.00	\$1,000.00
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Page Total \$1,000.00