PUBLIC	DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	MONETARY	H RECEIPTS ETARY TRIBUTIONS		THIS SPACE FOR OFFICE USE 110067748 01-04-2022		
Candidate	or Committee Name (Do not abbreviate. U	se full name.)					
	ls of Dr. Lelach Rave)						
Mailing Add							
	ox 27113		0// 0 11/	P. 1. 7	Election De	4-	
City Seattle, WA		Zip + 4		Office Sought (candidates) STATE REPRESENTATIVE		Election Date	
	ARY CONTRIBUTIONS DEPOSITED IN A	98165			2022		
		CCOUNT					
Date Received					Amount	Total	
	a. Anonymous						
	b. Candidate's personal funds deposite	ad in the bank (include (candidate loans in 1c)				
	c. Loans, notes, security agreements. Attach Schedule L						
	d. Miscellaneous receipts (interest, ref	unds, auctions, other).	Attach explanation				
	e. Small contributions \$25.00 or less n	ot itemized and number	of persons aivina	(persons)			
2. CONTRI	BUTIONS OVER \$25.00			Ť			
Date Received	Contributor's Name, Address, City, S		tions of more than \$100: [*] r's Name, City and State	PG RE IN	Amount	Aggregate [*] Total	
2/25/21	MIKAEL KVART 1535 2ND AVE W SEATTLE, WA 98119	FRIEDMA SEATTLE	N RUBIN PLLP	x	\$500.00	\$500.00	
			BUSINESS MANAGER				
	ECKY JOHNSON MARY BRIDGE HOSPITAL/MULTICARE				\$250.00	\$250.00	
	SEATTLE, WA 98119-3440	TACOMA,	TACOMA, WA			\$230 . 00	
		Occupation	PHYSICIAN				
		Occupation					
		Occupation					
		Occupation	Occupation				
			Sub-total Amount from attached pages		\$750.00	*See reverse	
	Check here if additional pages are attached				\$0.00		
	U FUNDS RECEIVED AND DEPOSITED OR Inter 1 and 2 above. Enter this amount in lin				\$750.00	for details.	
4. Date of [,	I certify that this report is	s true and comple	ete to the best of m	y knowledge	
12/27/21			Treasurer's Signature		Date		
	Daytime Telephone No.: (206)335-	8815	Andy Lo		C	1-04-2022	