

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

110067754

01-04-2022

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

(Friends of Dr. Lelach Rave)

Mailing Address

P.O. Box 27113

City Zip + 4 Office Sought (candidates)  
 Seattle, WA 98165 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
12/29/21	LAURIE MINSK 439 MCGILVRA BLVD E SEATTLE, WA 98112	NONE SEATTLE, WA OccupationNONE	X		\$1,000.00	\$1,000.00
12/29/21	LAURIE MINSK 439 MCGILVRA BLVD E SEATTLE, WA 98112	NONE SEATTLE, WA OccupationNONE		X	\$1,000.00	\$1,000.00
12/29/21	DAVID WEISE PO BOX 15145 SEATTLE, WA 98115	RETIRED SEATTLE, WA OccupationRETIRED	X		\$1,000.00	\$1,000.00
12/29/21	ALISA WEISE PO BOX 15145 SEATTLE, WA 98115	RETIRED SEATTLE, WA OccupationRETIRED	X		\$1,000.00	\$1,000.00
12/29/21	SANDRA SOLOMON 814 W 35TH PL EUGENE, OR 97405	SELF EUGENE, OR OccupationSOCIAL WORKER	X		\$250.00	\$250.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$4,250.00 \$150.00	*See reverse for details.
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.					\$4,400.00	

4. Date of Deposit

12/31/21

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

Treasurer's Signature

Date

Andy Lo

01-04-2022

Treasurer's Daytime Telephone No.: (206) 335-8815

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

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Candidate or Committee Name (Do not abbreviate. Use full name.)  
(Friends of Dr. Lelach Rave)

Deposit Date  
12/31/21

## 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*
12/29/21	ROBERT MILLER 1446 MADRONA DR E SEATTLE, WA 98122	Occupation	X		\$75.00	\$75.00
12/29/21	PAMELA MILLER 1446 MADRONA DR E SEATTLE, WA 98122	Occupation	X		\$75.00	\$75.00
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Page Total \$150.00