

## CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

110067755

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 + 4Office Sought (candidates) **Election Date** STATE REPRESENTATIVE 2022 Seattle, WA 98165

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received 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 ..... 01/01/22 \$25.00 e. Small contributions \$25.00 or less not itemized and number of persons giving (persons) 2. CONTRIBUTIONS OVER \$25.00 Contributions of more than \$100:\* Aggregate\* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received Х 01/01/22 KRISTI KIYONAGA THE EVERETT CLINIC 8015 DENSMORE AVE NORTH UNIT D \$500.00 \$500.00 SEATLE, WA 98103 SHORELINE, WA OccupationPHYSICIAN Х SOUTH SOUND PEDIATRICS 01/01/22 BETH HARVEY 3225 BISCAY COURT NORTHWEST \$1,000.00 \$1,000.00 OLYMPIA, WA 98502 OLYMPIA, WA **OccupationPEDIATRICIAN** Х 01/01/22 CONSTANCE FALCONER 495 NW OLD ORCHARD WAY \$100.00 \$100.00 POULSBO, WA 98370 Occupation Х 01/01/22 SELF-EMPLOYED CYNTHIA STROUM 2001 6TH AVE STE 3434 \$250.00 \$250.00 SEATTLE, WA 98121 SEATTLE, WA OccupationPRIVATE INVESTOR Х 01/01/22 MAGGIE CHOU 3232 115TH AVE SE \$100.00 \$100.00 SNOHOMISH, WA 98290-4007

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT \$4,075.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit

Occupation

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

Treasurer's Signature

Sub-total

Amount from

attached pages

Andy Lo 01-04-2022

\$1,975.00

\$2,100.00

\*See reverse

for details.

01/03/22

X

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

Check here if additional

pages are attached

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

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Candidate or Committee Name (Do not abbreviate. Use full name.) Deposit Date (Friends of Dr. Lelach Rave) 01/03/22 2. CONTRIBUTIONS OVER \$25.00 G Contributions of more than \$100:\* Aggregate R Ε Total\* Date Received Contributor's Name, Address, City, State, Zip **Employer's Name, City and State Amount** Х 01/01/22 SUSANA MYERS THE EVERETT CLINIC 11948 PRESWICK LANE MUKILTEO, WA \$250.00 \$250.00 MUKILTEO, WA 98275 Occupation PHYSICIAN х 01/01/22 SCOTT SHAPIRO SELF-EMPLOYED 1121 HI POINT ST. LOS ANGELES, CA \$250.00 \$250.00 LOS ANGELES, CA 90035 Occupation CLINICAL PSYCHOLOGIST Х 01/01/22 AISHA REULER 10402 42ND AVE NE \$100.00 \$100.00 SEATTLE, WA 98125 Occupation Х 01/01/22 GREG SCHECHTER FACEBOOK 2460 WESTLAKE AVE N UNIT J SEATTLE, WA \$250.00 \$250.00 SEATTLE, WA 98109 Occupation SOFTWARE ENGINEER Х 01/01/22 JULIA SCHECHTER THE MENTORING PROJECT 2460 WESTLAKE AVE N UNIT J SEATTLE, WA \$250.00 \$250.00 SEATTLE, WA 98109 Occupation **DIRECTOR** Х 01/01/22 KATHY RISSE VIRGINIA MASON 1871 23RD AVE E SEATTLE, WA \$1,000.00 \$1,000.00 SEATTLE, WA 98112 Occupation PHYSICIAN Occupation Occupation Occupation Occupation

Occupation