

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110069136

01-10-2022

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

TINA ORWALL (Friends of Tina Orwall)

Mailing Address

17837 First Ave S #299

City Zip + 4 Office Sought (candidates)
Normandy Park, WA 98148 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
12/09/21	JUSTICE FOR ALL PAC 1809 7TH AVE #1500 SEATTLE, WA 98101		X		\$500.00	\$500.00
	Occupation					
12/09/21	TRITON MANAGEMENT SERVICES, 1000 AVIARA PKWY #300 CARLSBARD, CA 92011		X		\$500.00	\$500.00
	Occupation					
12/09/21	CARDINAL HEALTH INC. PAC 7000 CARDINAL PL DUBLIN, OH 43017		X		\$750.00	\$750.00
	Occupation					
12/09/21	CAMPAIGN FOR TRIBAL 525 PEAR ST SE OLYMPIA, WA 98501		X		\$1,000.00	\$1,000.00
	Occupation					
12/09/21	DELTA DENTAL OF WA PO BOX 75688 SEATTLE, WA 98175		X		\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,750.00	*See reverse for details.
		Amount from attached pages			\$2,000.00	
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.					\$5,750.00	

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

Abbot Taylor

01-10-2022

Treasurer's Daytime Telephone No.: **(206)218-3108**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.)
TINA ORWALL (Friends of Tina Orwall)

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*
12/09/21	HOSPITALS FOR A HEALTHY FUTURE 999 THIRD AVE #1400 SEATTLE, WA 98104	Occupation	X		\$1,000.00	\$1,000.00
12/09/21	WA ST BUILDING & CONSTRUCTION 906 COLUMBIA ST SW #107 OLYMPIA, WA 98501	Occupation	X		\$1,000.00	\$1,000.00
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Page Total **\$2,000.00**