

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

110069911

01-10-2022

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

(Friends of Julie Anderson)

Mailing Address

3801 N. 27th St., Unit 7111

City

Tacoma, WA

Zip + 4

98417

Office Sought (candidates)

SECRETARY OF STATE

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
12/21/21	SHARON BABCOCK 16 N SUMMIT ROAD TACOMA, WA 98406	SELF  TACOMA, WA  OccupationWRITER	X		\$500.00	\$500.00
12/21/21	BRYAN FLINT 3320 N 7TH STREET TACOMA, WA 98406	SOUND OUTREACH  TACOMA, WA  OccupationEXECUTIVE DIRECTOR	X		\$250.00	\$250.00
12/21/21	KATIE BAIRD 2106 N STEELE TACOMA, WA 98406	   Occupation	X		\$100.00	\$100.00
12/21/21	PHYLLIS IZANT 4705 MEMORY LANE W UNIVERSITY PLACE, WA 98466	   OccupationRETIRED	X		\$2,000.00	\$2,000.00
12/21/21	SHANNON CORTEZ 1071 SCOTT TERRACE ATHENS, GA 30606	   Occupation	X		\$100.00	\$100.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$2,950.00 \$350.00	*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.					\$3,300.00	

4. Date of Deposit

12/21/21

Treasurer's Daytime Telephone No.: (253)220-5590

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

Treasurer's Signature

Jason Michaud

Date

01-10-2022

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

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Candidate or Committee Name (Do not abbreviate. Use full name.) (Friends of Julie Anderson)	Deposit Date 12/21/21
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## 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*
12/21/21	TONY USIBELLI 5042 LAURA ST S.E. OLYMPIA, WA 98501	, Occupation <b>RETIRED</b>	X		\$250.00	\$250.00
12/21/21	GREG KIMSEY 1615 NW 86TH WAY VANCOUVER, WA 98665	Occupation	X		\$50.00	\$50.00
12/21/21	GAYLE KIMSEY 1615 NW 86TH WAY VANCOUVER, WA 98665	Occupation	X		\$50.00	\$50.00
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Page Total \$350.00