

**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: Employer's Name, City and State	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	OccupationRETIREED	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			\$2,950.00	*See reverse for details.
		Amount from attached pages			\$350.00	
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.					\$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)

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**(Friends of Julie Anderson)**

Deposit Date  
**12/21/21**

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	G	Amount	Aggregate Total*
			R	E		
12/21/21	TONY USIBELLI 5042 LAURA ST S.E. OLYMPIA, WA 98501	, Occupation <b>RETIRED</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$250.00	\$250.00
12/21/21	GREG KIMSEY 1615 NW 86TH WAY VANCOUVER, WA 98665	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
12/21/21	GAYLE KIMSEY 1615 NW 86TH WAY VANCOUVER, WA 98665	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		