

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

110069959

01-10-2022

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

**BILL BOYCE (Friends of Bill Boyce)**

Mailing Address

**PO Box 6513**

City

**Kent, WA**

Zip + 4

**98064**

Office Sought (candidates)

**STATE SENATOR**

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 N T	G E N E R A L	Amount	Aggregate* Total
12/08/21	MATTHEW DESGUIN 409 23rd Ave S Apt B609 Seattle, WA 98144		X		\$1.00	\$1.00
	Occupation					
12/08/21	MATTHEW SLICHKO 12709 116th Street Ct E Puyallup, WA 98374		X		\$100.00	\$100.00
	Occupation					
12/08/21	DOUG BASLER 22716 126th Pl SE Kent, WA 98031		X		\$25.00	\$25.00
	Occupation					
12/08/21	LANCE SLICHKO 12709 116th Street Ct E Puyallup, WA 98374		X		\$25.00	\$25.00
	Occupation					
12/08/21	LYNDA WILSON 17211 NE Stoney Meadows Dr Vancouver, WA 98682		X		\$100.00	\$100.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$251.00	*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.

**\$601.00**

4. Date of Deposit

**12/08/21**

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

Treasurer's Signature

Date

**Tom Perry**

**01-10-2022**

Treasurer's Daytime Telephone No.: **(253)988-2455**

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

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**BILL BOYCE (Friends of Bill Boyce)**

Deposit Date  
**12/08/21**

## 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*
12/08/21	LAURIN MCELHERAN 25931 138th Ave SE Kent, WA 98042	BCA Kent, WA Occupation <b>CHIROPRACTOR</b>	X		\$250.00	\$250.00
12/08/21	STEVEN STRACHAN 7019 Cormorant Pl Bremerton, WA 98312	Occupation	X		\$100.00	\$100.00
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Page Total \$350.00