

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110069964

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		\$200.00
	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
12/19/21	SEAN WRIGHT 12662 Sunrise Dr NE Bainbridge Island, WA 98110		X		\$100.00	\$100.00
	Occupation					
12/19/21	CHRIS GILDON 1111 23rd Avenue Ct SW Puyallup, WA 98371		X		\$100.00	\$100.00
	Occupation					
12/19/21	SANDRA DANIELS 1308 S I St Tacoma, WA 98405		X		\$100.00	\$100.00
	Occupation					
12/19/21	MIKE PADDEN 13021 E 9th Ave Spokane, WA 99216	State of Washington Olympia, WA	X		\$250.00	\$250.00
	Occupation	STATE SENATOR				
12/19/21	MARK SCARFF 24608 147th Ave SE Kent, WA 98042	Bowen Scarff Ford Kent, WA	X		\$1,000.00	\$1,000.00
	Occupation	AUTO DEALER				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,550.00	*See reverse for details.
		Amount from attached pages			\$2,065.00	
					\$3,615.00	

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.

4. Date of Deposit

12/19/21

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

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

Treasurer's Signature

Date

Tom Perry

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.)
BILL BOYCE (Friends of Bill Boyce)

Deposit Date
12/19/21

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*
12/19/21	MARK SCARFF 24608 147th Ave SE Kent, WA 98042	Bowen Scarff Ford Kent, WA Occupation AUTO DEALER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
12/19/21	JOHN LEGHORN 12833 SE 245th St Kent, WA 98030	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
12/19/21	DAVID KRAMER 25417 126th Ave SE Kent, WA 98030	Pugerudes, Inc. Kent, WA Occupation BUSINESS OWNER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,000.00	\$1,000.00
12/19/21	ROZ SLICHKO 12709 116th Street Ct E Puyallup, WA 98374	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$15.00	\$15.00
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total **\$2,065.00**