

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

110071358

01-29-2022

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

(FRIENDS OF DARYA FARIVAR)

Mailing Address

PO BOX 27593

City Zip + 4 Office Sought (candidates)  
 SEATTLE, WA 98165 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 .....		
01/21/22	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	\$25.00	

## 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
01/20/22	MICHAEL NAPIER 6546 52ND AVENUE NORTHEAST SEATTLE, WA 98115	OPPENHEIMER & CO SEATTLE, WA Occupation FINANCIAL ADVISOR	X		\$250.00	\$250.00
01/21/22	MACY CHAPMAN 1835 PORTOLA DR SANTA CRUZ, CA 95062	Occupation	X		\$50.00	\$50.00
01/21/22	CHARLIE SURDYK 8935 160TH AVENUE NE B313 REDMOND, WA 98052	Occupation	X		\$50.00	\$50.00
01/21/22	CALEB CATO 1422 NORTH GRAND AVE APT I COVINA, CA 91724	Occupation	X		\$100.00	\$100.00
01/21/22	SARAH SEMON 1123 VIEWLAND WAY EDMONDS, WA 98020	Occupation	X		\$100.00	\$100.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$575.00	*See reverse for details.
		Amount from attached pages			\$400.00	

## 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.

\$975.00

4. Date of Deposit

01/22/22

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

Treasurer's Signature

Date

ALEX VAN PUTTEN

01-29-2022

Treasurer's Daytime Telephone No.: (253) 441-8339

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

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)  
(FRIENDS OF DARYA FARIVAR)

Deposit Date  
01/22/22

## 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*
01/21/22	MARC FACCHINI 2535 WEST FULLERTON AVE #503 CHICAGO, IL 60647	Occupation	X		\$50.00	\$50.00
01/21/22	ROOPALI DHINGRA 1112 NORTHEAST 200TH STREET SHORELINE, WA 98155	Occupation	X		\$50.00	\$50.00
01/22/22	STEPHANIE DE LA OSSA 1075 W STATE ST APT F201 REDLANDS, CA 92373	Occupation	X		\$50.00	\$50.00
01/22/22	ELHAM RAHMATI 201 GALER STREET #470 SEATTLE, WA 98109	VMMC SEATTLE, WA Occupation PHYSICIAN	X		\$250.00	\$250.00
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Page Total \$400.00