

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110072512

02-08-2022

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

LELACH RAVE (Friends of Dr. Lelach Rave)

Mailing Address

P.O. Box 27113

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		
01/03/22	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:*	P R I	G E N	Amount	Aggregate* Total
01/03/22	KATHI ROSEN 5113 47TH AVE NE SEATTLE, WA 98105	VIRGINIA MASON SEATTLE, WA OccupationMD	X		\$250.00	\$250.00
01/03/22	DANIEL LOW 3619 36TH AVE S SEATTLE, WA 98144	HEALTHPOINT RENTON, WA OccupationPHYSICIAN	X		\$250.00	\$250.00
01/03/22	ROBYNN TAKAMIYA 1260 NORTHWEST 175TH STREET SHORELINE, WA 98177	Occupation	X		\$50.00	\$50.00
01/03/22	SUSAN CAHN 257 HICKORY HILL ROAD CHAGRIN FALLS, OH 44022	Occupation	X		\$36.00	\$36.00
01/03/22	MARIANNE SIMONSEN 123 NW HIGHLAND DR SHORELINE, WA 98177	Occupation	X		\$100.00	\$100.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$711.00 \$1,104.00	*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.					\$1,815.00	

4. Date of Deposit

01/05/22

Treasurer's Daytime Telephone No.: (206) 335-8815

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

Treasurer's Signature

Andy Lo

Date

02-08-2022

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.)
LELACH RAVE (Friends of Dr. Lelach Rave)

Deposit Date
01/05/22

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*
01/03/22	ERIC LEVINE 1535 9TH AVE W SEATTLE, WA 98119	NOT EMPLOYED SEATTLE, WA Occupation NOT EMPLOYED	X		\$500.00	\$500.00
01/03/22	JACOB FENTON 4007 ETHEL AVE STUDIO CITY, CA 91604	UTA BEVERLY HILLS, CA Occupation PARTNER/TALENT AGENT	X		\$250.00	\$250.00
01/03/22	GALIT EZEKIEL 2309 NE 77TH STREET SEATTLE, WA 98115	Occupation	X		\$27.00	\$27.00
01/03/22	SOL EZEKIEL 2309 NE 77TH STREET SEATTLE, WA 98115	Occupation	X		\$27.00	\$27.00
01/03/22	JACK STEPHENS 7107 156TH ST. SW EDMONDS, WA 98026	NCHC OF SNO COUNTY LYNNWOOD, VT Occupation PHYSICIAN	X		\$250.00	\$250.00
01/03/22	JENNIFER LANGE PO BOX 51034 OAKLAND, CA 94611	Occupation	X		\$50.00	\$50.00
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Page Total **\$1,104.00**