

CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

110072513

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 + 4Office Sought (candidates) **Election Date** STATE REPRESENTATIVE 2022 Seattle, WA 98165

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received 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 Contributions of more than \$100:* Aggregate* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received х 01/04/22 JULIAN AYER PEDIATRICS NORTHWEST 3635 N. WASHINGTON ST. \$125.00 \$125.00 TACOMA, WA 98407 TACOMA, WA **OccupationPEDIATRICIAN** Х 01/04/22 STEPHANIE AYER NONE 3635 N. WASHINGTON ST. \$125.00 \$125.00 TACOMA, WA 98407 TACOMA, WA OccupationNONE Х 01/04/22 RICHARD GALANTI COSTCO WHOLESALE 7020 N. MERCER WAY \$250.00 \$250.00 MERCER ISLAND, WA 98040 ISSAQUAH, WA OccupationCFO Occupation Occupation Sub-total \$500.00 Check here if additional Amount from \$0.00 pages are attached *See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$500.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge Treasurer's Signature Date

Andy Lo

02-08-2022

01/06/22

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