

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110072533

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		
02/04/22	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons)	\$50.00	

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
02/04/22	LINDA QUAN KNIGHT 16061 SE 16TH ST BELLEVUE, WA 98008	SEATTLE CHILDRENS HOSPITAL SEATTLE, WA OccupationDOCTOR	X		\$250.00	\$250.00
02/07/22	SCOTT JACOBSON 4632 86TH AVE SE MERCER ISLAND, WA 98040	MADRONA VENTURE GROUP SEATTLE, WA OccupationMANAGING DIRECTOR	X		\$1,000.00	\$1,000.00
02/07/22	SCOTT JACOBSON 4632 86TH AVE SE MERCER ISLAND, WA 98040	MADRONA VENTURE GROUP SEATTLE, WA OccupationMANAGING DIRECTOR		X	\$1,000.00	\$1,000.00
02/07/22	DEBORAH HARRICK 11745 DURLAND AVE NE SEATTLE, WA 98125	Occupation	X		\$75.00	\$75.00
02/07/22	TOD HARRICK 11745 DURLAND AVE NE SEATTLE, WA 98125	Occupation	X		\$75.00	\$75.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$2,450.00 \$46.00	*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.					\$2,496.00	

4. Date of Deposit

02/07/22

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

Treasurer's Signature

Date

Andy Lo

02-08-2022

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

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 02/07/22
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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*
02/07/22	PHYLLIS CAVENS 2938A LAUREL ROAD LONGVIEW, WA 98632	CHILD AND ADOLESCENT CLINIC LONGVIEW, WA Occupation PEDIATRICIAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$46.00	\$146.00
		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"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$46.00