

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

110075122

03-03-2022

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

Mailing Address
po box 354

City carson, WA	Zip + 4 98610	Office Sought (candidates) STATE REPRESENTATIVE	Election Date 2022
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1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		\$48.00
	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
02/28/22	JEANNIE WALKER 2851 SE 165th Ave Portland, OR 97236	Providence Health Systems Portland, OR Occupation NURSE		X	\$500.00	\$500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$500.00 \$0.00	*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.					\$500.00	

4. Date of Deposit 02/28/22	Treasurer's Daytime Telephone No.: (360)771-0099	I certify that this report is true and complete to the best of my knowledge	
		Treasurer's Signature Krystal Patton	Date 03-03-2022