| PUBLIC | 711 CAPITOL WAY RM 206 CAS PO BOX 40908 CAS OLYMPIA WA 98504-0908 MON | | H RECEIPTS IETARY TRIBUTIONS | | 11 | THIS SPACE FOR OFFICE USE 110076832 03-10-2022 | |
|------------------|---|-----------------------------|------------------------------------|--|-----------------------|--|--|
| Candidate | or Committee Name (Do not abbreviate. | Use full name.) | | | | | |
| | ls for Julie Anderson) | | | | | | |
| Mailing Add | | | | | | | |
| | 27th St., Unit 7111 | | I | | Election Da | | |
| • | | Zip + 4 | | Office Sought (candidates) SECRETARY OF STATE | | te | |
| | | 98417 | SECRETARI OF 2 | | | | |
| 1. MONET | ARY CONTRIBUTIONS DEPOSITED IN | ACCOUNT | | | | | |
| Date Received | | | | | Amount | Total | |
| | a. Anonymous | | | | | | |
| | b. Candidate's personal funds depos | itad in the bank (include a | condidate leans in 1c) | | | | |
| | | · | | | | | |
| | c. Loans, notes, security agreements. Attach Schedule L | | | | | | |
| | d. Miscellaneous receipts (interest, re | efunds, auctions, other). | Attach explanation | | | | |
| | e. Small contributions \$25.00 or less | | | persons) | | | |
| 2. CONTRI | BUTIONS OVER \$25.00 | not itemized and number | | | | | |
| Date | | Contribut | ions of more than \$100:* | P G R E | Amount | Aggregate* | |
| Received | Contributor's Name, Address, City, | State, Zip Employe | r's Name, City and State | | | Total | |
| 2/18/22 | BECKY FONTAINE | | | х | | | |
| | 3125 E K ST | | | | \$100.00 | \$100.00 | |
| | TACOMA, WA 98404 | | | | | | |
| | | Occupation | | | | | |
| 2/18/22 | DAVID FAHRENBACH | | | х | | | |
| | 5711 UPLAND TERRACE NE | | | | \$50.00 | \$150.00 | |
| | TACOMA, WA 98422 , | | | | | | |
| | | Occupation | RETIRED | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Occupation | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Occupation | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Occupation | Occupation | | | | |
| | | Sub-total | | \$150.00 | | | |
| | Check here if additional | | Amount from | | \$0.00 | | |
| | pages are attached | | attached pages | | | *See reverse | |
| | FUNDS RECEIVED AND DEPOSITED OF arts 1 and 2 above. Enter this amount in I | | JNT | | \$150.00 | for details. | |
| 4. Date of I | | , | I certify that this report is | true and comp | lete to the best of m | y knowledge | |
| 02/18/22 | | | Treasurer's Signature | | Date | | |
| | Daytime Telephone No.: (253)220 | -5590 | Jason Michaud | | 03-10-2022 | | |