

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 110076835
 03-10-2022

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends for Julie Anderson)

Mailing Address
3801 N. 27th St., Unit 7111

City **Tacoma, WA** Zip + 4 **98417** Office Sought (candidates) **SECRETARY OF STATE** 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		
	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:*	P R I	G E N	Amount	Aggregate* Total
02/24/22	LISA WALLACE 4706 W. LINCOLN AVE YAKIMA, WA 98908		X		\$100.00	\$100.00
	Occupation					
02/24/22	DAVID BOYD 8826 LAKE STEILACOOM POINT LAKEWOOD, WA 98498		X		\$100.00	\$200.00
	Occupation	RETIREED				
02/24/22	DAVID AMMONS 2920 CAPITOL BLVD SE OLYMPIA, WA 98501		X		\$50.00	\$50.00
	Occupation					
02/24/22	FRED SCHUNEMAN 3409 N 29TH ST. TACOMA, WA 98407		X		\$100.00	\$100.00
	Occupation					
02/24/22	KIM MARTIN 518 HOWARD AVE NE OLYMPIA, WA 98506		X		\$100.00	\$100.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$450.00	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$550.00

4. Date of Deposit **02/24/22**

Treasurer's Daytime Telephone No.: **(253)220-5590**

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

Treasurer's Signature **Jason Michaud** Date **03-10-2022**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends for Julie Anderson)

Deposit Date
02/24/22

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*
02/24/22	LIZ COLLINS 1899 N HAWTHORNE TACOMA, WA 98406	Occupation	X		\$100.00	\$100.00
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