

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Elect Carolyn Long

ADDRESS (number and street) PO Box 821288 Vancouver WA 98682 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00660472 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT WA 03

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 01/01/2021 through 03/31/2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Petterson, Jay, , ,

Signature of Treasurer Petterson, Jay, , , [Electronically Filed] Date MM/DD/YYYY 04/02/2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Table with 7 columns and 1 row for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Elect Carolyn Long**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	428150.71
(b) Total Contribution Refunds (from Line 20(d)) .....	6772.66	37879.21
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 6772.66	390271.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11563.33	4212329.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	1810.97	27955.31
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9752.36	4184374.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1481.61	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Elect Carolyn Long**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	3575.00
(ii) Unitemized.....	0.00	8404.30
(iii) TOTAL of contributions from individuals ▶	0.00	11979.30
(b) Political Party Committees.....	0.00	10000.00
(c) Other Political Committees (such as PACs).....	0.00	406171.41
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	428150.71
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	23347.75
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1810.97	27955.31
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	62000.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1810.97	541453.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 76

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11563.33	4212329.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	6772.66	36879.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	6772.66	37879.21
21. OTHER DISBURSEMENTS .....	0.00	37250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	18335.99	4287459.17

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18006.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1810.97
25. SUBTOTAL (add Line 23 and Line 24).....	19817.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18335.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1481.61

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 5 OF 76	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

**A.** Full Name (Last, First, Middle Initial)  
**Amberhill Properties LP**

Mailing Address 810 SE Belmont St  
Ste 100

City Portland	State OR	Zip Code 97214-2312
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1793.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2021

**Transaction ID : 12818427**

Amount of Each Receipt this Period  
1793.00

Memo Item

Refund of Overpayment

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1793.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1793.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

**A. Authentic Campaigns**

Full Name (Last, First, Middle Initial)  
Mailing Address 4201 Wilson Blvd  
Ste Pm 110

City Arlington State VA Zip Code 22203-1859

Purpose of Disbursement Digital Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 5000.00

Transaction ID : 500563261

Memo Item

**B. Authorize.Net**

Full Name (Last, First, Middle Initial)  
Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003-9707

Purpose of Disbursement Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 40.00

Transaction ID : 500563262

Memo Item

**c. Authorize.Net**

Full Name (Last, First, Middle Initial)  
Mailing Address 808 E Utah Valley Dr

City American Fork State UT Zip Code 84003-9707

Purpose of Disbursement Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 25.00

Transaction ID : 500563263

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 5065.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Blue Wave Political Partners LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2021	
Mailing Address 401 2Nd Ave S Ste 303			FEC Identification Number C	
City Seattle	State WA	Zip Code 98104-2862	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement Compliance Consulting		Category/ Type	Transaction ID : 500563650	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. First Data</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2021	
Mailing Address 5565 Glenridge Connector NE Ste 2000			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30342-1651	Amount of Each Disbursement this Period 29.90	
Purpose of Disbursement Credit Card Fees		Category/ Type	Transaction ID : 500563264	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. First Data</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2021	
Mailing Address 5565 Glenridge Connector NE Ste 2000			FEC Identification Number C	
City Atlanta	State GA	Zip Code 30342-1651	Amount of Each Disbursement this Period 9.95	
Purpose of Disbursement Credit Card Fees		Category/ Type	Transaction ID : 500563265	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	789.85
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

**A. First Data**

Full Name (Last, First, Middle Initial)  
Mailing Address 5565 Glenridge Connector NE Ste 2000  
City Atlanta State GA Zip Code 30342-1651  
Purpose of Disbursement Credit Card Fees  
Candidate Name  
Office Sought:  House  Senate  President Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 02 / 03 / 2021  
FEC Identification Number: C  
Amount of Each Disbursement this Period: 19.95  
Transaction ID : 500563266  
 Memo Item

**B. First Data**

Full Name (Last, First, Middle Initial)  
Mailing Address 5565 Glenridge Connector NE Ste 2000  
City Atlanta State GA Zip Code 30342-1651  
Purpose of Disbursement Credit Card Fees  
Candidate Name  
Office Sought:  House  Senate  President Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 03 / 2021  
FEC Identification Number: C  
Amount of Each Disbursement this Period: 19.95  
Transaction ID : 500563267  
 Memo Item

**C. First Data**

Full Name (Last, First, Middle Initial)  
Mailing Address 5565 Glenridge Connector NE Ste 2000  
City Atlanta State GA Zip Code 30342-1651  
Purpose of Disbursement Credit Card Fees  
Candidate Name  
Office Sought:  House  Senate  President Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 03 / 2021  
FEC Identification Number: C  
Amount of Each Disbursement this Period: 6.73  
Transaction ID : 500563268  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 46.63

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2021
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 135.51	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563269
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2021
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 60.09	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563270
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2021
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 8.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563271
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	204.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2021
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 34.08	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563272
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2021
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 37.25	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563273
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2021
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 8.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563274
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	80.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Google</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2021		
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C		
City Mountain View	State CA	Zip Code 94043-1351	Amount of Each Disbursement this Period 8.95		
Purpose of Disbursement Email Services		Category/ Type	Transaction ID : 500563275		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. NGP Van, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2021		
Mailing Address PO Box 392264			FEC Identification Number C		
City Pittsburgh	State PA	Zip Code 15251-9264	Amount of Each Disbursement this Period 3351.82		
Purpose of Disbursement Software Rental		Category/ Type	Transaction ID : 500563276		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. NGP Van, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2021		
Mailing Address PO Box 392264			FEC Identification Number C		
City Pittsburgh	State PA	Zip Code 15251-9264	Amount of Each Disbursement this Period 1734.40		
Purpose of Disbursement Software Rental		Category/ Type	Transaction ID : 500563277		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5095.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 76	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. NGP Van, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2021	
Mailing Address PO Box 392264			FEC Identification Number C	
City Pittsburgh	State PA	Zip Code 15251-9264	Amount of Each Disbursement this Period 162.60	
Purpose of Disbursement Software Rental		Category/Type	Transaction ID : 500563278	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Umpqua Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2021	
Mailing Address 1400 Washington St Ste 200			FEC Identification Number C	
City Vancouver	State WA	Zip Code 98660-2968	Amount of Each Disbursement this Period 17.50	
Purpose of Disbursement Bank Fees		Category/Type	Transaction ID : 500563281	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Umpqua Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2021	
Mailing Address 1400 Washington St Ste 200			FEC Identification Number C	
City Vancouver	State WA	Zip Code 98660-2968	Amount of Each Disbursement this Period 22.00	
Purpose of Disbursement Bank Fees		Category/Type	Transaction ID : 500563282	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	202.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Umpqua Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2021
Mailing Address 1400 Washington St Ste 200		FEC Identification Number C
City Vancouver	State WA	Zip Code 98660-2968
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period 1.25
Candidate Name	Category/ Type	Transaction ID : 500563283
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Umpqua Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2021
Mailing Address 1400 Washington St Ste 200		FEC Identification Number C
City Vancouver	State WA	Zip Code 98660-2968
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period 22.00
Candidate Name	Category/ Type	Transaction ID : 500563284
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Umpqua Bank</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address 1400 Washington St Ste 200		FEC Identification Number C
City Vancouver	State WA	Zip Code 98660-2968
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period 22.00
Candidate Name	Category/ Type	Transaction ID : 500563651
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	45.25
<b>TOTAL</b> This Period (last page this line number only).....▶	11528.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. A. Todd, Mary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 24701 NE 228Th Cir			FEC Identification Number <b>C</b>		
City Battle Ground	State WA	Zip Code 98604-9641	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563131		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Ahseln, Ralph, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1316 NW 23Rd Ave			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-9002	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562975		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Anderson, Greg, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 470			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-0470	Amount of Each Disbursement this Period 3.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562950		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	53.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Anderson, Virginia, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2812 9Th Ave W			FEC Identification Number C		
City Seattle	State WA	Zip Code 98119-2222	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563116		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Aull, Bill, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 17812 NE 142Nd Ave			FEC Identification Number C		
City Battle Ground	State WA	Zip Code 98604-9257	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563181		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Aull, Bill, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 17812 NE 142Nd Ave			FEC Identification Number C		
City Battle Ground	State WA	Zip Code 98604-9257	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563205		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Aull, Bill, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 17812 NE 142Nd Ave			FEC Identification Number <b>C</b>		
City Battle Ground	State WA	Zip Code 98604-9257	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563227		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Ball, Timothy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 621 Cooper Ave			FEC Identification Number <b>C</b>		
City Underwood	State WA	Zip Code 98651-9031	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563032		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Beattie, Barbara, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 2421			FEC Identification Number <b>C</b>		
City White Salmon	State WA	Zip Code 98672-2421	Amount of Each Disbursement this Period 15.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563003		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Beaty, Don, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 5831 NE 182Nd St			FEC Identification Number C		
City Kenmore	State WA	Zip Code 98028-4524	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562978		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Berg, Barbara, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 714 Wandering Creek Dr			FEC Identification Number C		
City Bothell	State WA	Zip Code 98021-8567	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563120		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Blanford, William, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 4031			FEC Identification Number C		
City Tenino	State WA	Zip Code 98589-4031	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562922		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Blunt, Barbara, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3002 11Th Ave W					
City Seattle	State WA	Zip Code 98119-1804	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 35.00		
Candidate Name		Category/ Type	Transaction ID : 500563178		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Brewer, Andrew, G, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 11301 SE 10Th St Apt 197					
City Vancouver	State WA	Zip Code 98664-6135	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name		Category/ Type	Transaction ID : 500563223		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Bristow, Tom, J, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2740 58Th Ct SE					
City Olympia	State WA	Zip Code 98501-4859	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name		Category/ Type	Transaction ID : 500562955		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Bristow, Tom, J, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2740 58Th Ct SE			FEC Identification Number C		
City Olympia	State WA	Zip Code 98501-4859	Amount of Each Disbursement this Period 3.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563137		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Brown, Lynn, D, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3817 NE 97Th Ave			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98662-7490	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562925		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Brown, Stephen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 21813 NE 199Th Ct			FEC Identification Number C		
City Battle Ground	State WA	Zip Code 98604-3722	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562933		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	53.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 76	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Brown, Stephen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 21813 NE 199Th Ct			FEC Identification Number C	
City Battle Ground	State WA	Zip Code 98604-3722	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563073	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Burbank, John, R, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 6755 Sycamore Ave NW			FEC Identification Number C	
City Seattle	State WA	Zip Code 98117-4849	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563082	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Campbell, John, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 30000 NE 51St Way			FEC Identification Number C	
City Camas	State WA	Zip Code 98607-9645	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563173	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Cassidy, Daniel, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3005 NW 124Th St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98685-2396			
Purpose of Disbursement Contribution Refund			Transaction ID : 500563192		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Caulk, Susan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 11606 NE 302Nd St			FEC Identification Number <b>C</b>		
City Battle Ground	State WA	Zip Code 98604-7728			
Purpose of Disbursement Contribution Refund			Transaction ID : 500563143		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Choi, Ilze, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 5676 SW Riverpoint Ln			FEC Identification Number <b>C</b>		
City Portland	State OR	Zip Code 97239-5912			
Purpose of Disbursement Contribution Refund			Transaction ID : 500563007		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Christian, Marcia, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 248					
City Brush Prairie	State WA	Zip Code 98606-0248	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name		Category/Type	Transaction ID : 500563182		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Coffield, Larry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 308 SE 151St Ave					
City Vancouver	State WA	Zip Code 98684-8253	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name		Category/Type	Transaction ID : 500563200		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Coffield, Larry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 308 SE 151St Ave					
City Vancouver	State WA	Zip Code 98684-8253	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name		Category/Type	Transaction ID : 500563201		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Coffield, Larry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 308 SE 151St Ave					
City Vancouver	State WA	Zip Code 98684-8253	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name			Transaction ID : 500563214		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Connelly, Joanna, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4213 NW 121St Cir					
City Vancouver	State WA	Zip Code 98685-2051	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name			Transaction ID : 500563171		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Corak, Sue, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 7300 NE Vancouver Mall Dr Apt 24					
City Vancouver	State WA	Zip Code 98662-7945	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 20.00		
Candidate Name			Transaction ID : 500563212		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Curtin, George, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 400 NW View Ridge St					
City Camas	State WA	Zip Code 98607-9379	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 100.00		
Candidate Name		Category/ Type	Transaction ID : 500563019		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Decuir, Joseph, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 18814 SE 42Nd St					
City Issaquah	State WA	Zip Code 98027-9366	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name		Category/ Type	Transaction ID : 500563186		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>c. DeKay, Lloyd, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1440 SW Brislawn Loop Rd					
City White Salmon	State WA	Zip Code 98672-8687	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name		Category/ Type	Transaction ID : 500563034		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Dering, Gary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 5507 Huntwick Dr NW			FEC Identification Number <b>C</b>		
City Gig Harbor	State WA	Zip Code 98335-7412	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563179		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Dolph, Larry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1221 Castleman Dr			FEC Identification Number <b>C</b>		
City Longview	State WA	Zip Code 98632-4620	Amount of Each Disbursement this Period 30.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563215		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Dorner, Diane, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 515 1St St # 2			FEC Identification Number <b>C</b>		
City Snohomish	State WA	Zip Code 98290-3003	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563087		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Dorner, Diane, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 515 1St St # 2			FEC Identification Number <b>C</b>		
City Snohomish	State WA	Zip Code 98290-3003	Amount of Each Disbursement this Period 30.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563128		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Dorner, Diane, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 515 1St St # 2			FEC Identification Number <b>C</b>		
City Snohomish	State WA	Zip Code 98290-3003	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563172		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Dremel, Eric, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 18769 6Th Ave NE			FEC Identification Number <b>C</b>		
City Poulsbo	State WA	Zip Code 98370-8405	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563096		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Emch, Antoinette, S, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2911 SE Village Loop Apt 276					
City Vancouver	State WA	Zip Code 98683-8111	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500563017		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Engstrom, Karen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 226					
City Oysterville	State WA	Zip Code 98641-0226	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 20.00		
Candidate Name		Category/ Type	Transaction ID : 500563010		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Eykel, Frans, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 199 Ostervold Rd					
City Cathlamet	State WA	Zip Code 98612-9716	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500562994		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Favour, Rebecca, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 504 Hawthorne St			FEC Identification Number <b>C</b>		
City Kelso	State WA	Zip Code 98626-1506			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>500563088</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Ferguson, Gregory, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 418			FEC Identification Number <b>C</b>		
City White Salmon	State WA	Zip Code 98672-0418			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>500563055</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Fitch, Tyler, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 16719 NE 13Th Cir			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98684-6404			
Purpose of Disbursement Contribution Refund			Transaction ID : <b>500562917</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Forget, Albert, M, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 896					
City Toledo	State WA	Zip Code 98591-0896	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500562930		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Fowler, Kaci, S, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 22306 NE 233Rd Ct					
City Battle Ground	State WA	Zip Code 98604-5164	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500563115		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Fox, Jonathan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4010 Veazey St NW					
City Washington	State DC	Zip Code 20016-2122	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name		Category/ Type	Transaction ID : 500563136		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Gardner, Donald, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2913 SE Village Loop			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98683-8100	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562945		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Gibbons, Ursula, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4056 NW Dahlia Loop			FEC Identification Number C		
City Camas	State WA	Zip Code 98607-8215	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563085		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Gilchrist, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 2489			FEC Identification Number C		
City White Salmon	State WA	Zip Code 98672-2461	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562938		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 76	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Giroux, Steven, L, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 5412 NE 384Th St			FEC Identification Number C	
City La Center	State WA	Zip Code 98629-4714	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563001	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Goody, Mary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 26605 NE 96Th Ct			FEC Identification Number C	
City Battle Ground	State WA	Zip Code 98604-6401	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562934	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Goody, Mary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 26605 NE 96Th Ct			FEC Identification Number C	
City Battle Ground	State WA	Zip Code 98604-6401	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563152	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Gordon, Marilynn, Z, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3108 NE 105Th Cir Corcle			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98686-3976	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500563099</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Green, David, E, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2012 SE 132Nd Ct			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98683-6522	Amount of Each Disbursement this Period 15.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500563129</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Greeno, Maralee, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 5319 SE Franklin St			FEC Identification Number <b>C</b>		
City Portland	State OR	Zip Code 97206-2906	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500562941</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Guenther, Allan, R, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 376 State Route 508			FEC Identification Number <b>C</b>		
City Chehalis	State WA	Zip Code 98532-8701	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500563084</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Haines, Karen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 48			FEC Identification Number <b>C</b>		
City Nahcotta	State WA	Zip Code 98637-0048	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500563123</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Hammond, Steven, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 20715 NE 72Nd Ave			FEC Identification Number <b>C</b>		
City Battle Ground	State WA	Zip Code 98604-5226	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500563015</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 76	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Han, Michael, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 3167 41St Ct			FEC Identification Number C	
City Washougal	State WA	Zip Code 98671-8927	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562954	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Hanson, Walter, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 2364 Highland Loop			FEC Identification Number C	
City Port Townsend	State WA	Zip Code 98368-5924	Amount of Each Disbursement this Period 3.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563065	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Hanson, Walter, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021	
Mailing Address 2364 Highland Loop			FEC Identification Number C	
City Port Townsend	State WA	Zip Code 98368-5924	Amount of Each Disbursement this Period 5.00	
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563107	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	58.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Hanson, Walter, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021
Mailing Address 2364 Highland Loop		FEC Identification Number C
City Port Townsend	State WA	Zip Code 98368-5924
Purpose of Disbursement Contribution Refund	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563144
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Harrison, Peter, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021
Mailing Address 10006 NE 36Th Ct		FEC Identification Number C
City Vancouver	State WA	Zip Code 98686-4006
Purpose of Disbursement Contribution Refund	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 20.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563217
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Hawes, Kinne, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021
Mailing Address PO Box 4341		FEC Identification Number C
City South Colby	State WA	Zip Code 98384-4341
Purpose of Disbursement Contribution Refund	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500563092
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Hawes, Kinne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 4341			FEC Identification Number C		
City South Colby	State WA	Zip Code 98384-4341	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563222		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Hernandez, Carrol, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 443 Walhalla Rd			FEC Identification Number C		
City Columbus	State OH	Zip Code 43202-1474	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563054		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Herrera, Lourdes, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 10414 NE 196Th St			FEC Identification Number C		
City Battle Ground	State WA	Zip Code 98604-5292	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562942		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Heynen, Dan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 10502 NE 67Th Ave			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98686-5102	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562986		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Hinck, Tamara, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 138 Equine Dr			FEC Identification Number <b>C</b>		
City Onalaska	State WA	Zip Code 98570-9463	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563130		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Hopkins, Jeri, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3837 SW Wilbard St			FEC Identification Number <b>C</b>		
City Portland	State OR	Zip Code 97219-6192	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562989		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Hopkins, Jeri, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3837 SW Wilbard St			FEC Identification Number C		
City Portland	State OR	Zip Code 97219-6192	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563224		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Humble, Charles, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4315 SE 178Th Pl			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98683-2800	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562914		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Hurly, Jamie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 18509 NE Garden Dr			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98682-3613	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563018		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Jenkins, Lynn, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4717 NE 372Nd St					
City La Center	State WA	Zip Code 98629-4049	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500562947		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Jenkins, Lynn, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4717 NE 372Nd St					
City La Center	State WA	Zip Code 98629-4049	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500563114		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Jordan, Daniel, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1639 NW 45Th Ave					
City Camas	State WA	Zip Code 98607-8511	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 100.00		
Candidate Name		Category/ Type	Transaction ID : 500562968		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Kanes, Brian, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 112 18Th Ave SE			FEC Identification Number <b>C</b>		
City Olympia	State WA	Zip Code 98501-2212			
Purpose of Disbursement Contribution Refund			Transaction ID : 500562987		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Keller, Michael, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2107 Burley Dr			FEC Identification Number <b>C</b>		
City Everett	State WA	Zip Code 98208-2406			
Purpose of Disbursement Contribution Refund			Transaction ID : 500563218		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. King, William, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2019 NE 179Th St Apt D17			FEC Identification Number <b>C</b>		
City Ridgefield	State WA	Zip Code 98642-7932			
Purpose of Disbursement Contribution Refund			Transaction ID : 500562915		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. King, William, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2019 NE 179Th St Apt D17					
City Ridgefield	State WA	Zip Code 98642-7932	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 20.00		
Candidate Name		Category/ Type	Transaction ID : 500563180		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Kipp, E Michael, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2324 Larch St					
City Longview	State WA	Zip Code 98632-2739	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name		Category/ Type	Transaction ID : 500563133		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Kramer, John, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 155 Dock Grade Rd					
City White Salmon	State WA	Zip Code 98672-8609	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name		Category/ Type	Transaction ID : 500563004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Lantz, Barbara, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1716 10Th Ave SE			FEC Identification Number C		
City Olympia	State WA	Zip Code 98501-1817	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562953		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lantz, Susan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2938 Lynn Pl			FEC Identification Number C		
City Longview	State WA	Zip Code 98632-5462	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563012		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Larsen, Linda, S, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 9863 Sheffield Way			FEC Identification Number C		
City Elk Grove	State CA	Zip Code 95757-5150	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563160		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Laski, Mary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 7808 NE 108Th Ave			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98662-3027	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500563048</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Law, Joann, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1152 23Rd Ave			FEC Identification Number <b>C</b>		
City Longview	State WA	Zip Code 98632-2718	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500562912</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Ledbetter, Roger, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 10806 188Th Ave SW			FEC Identification Number <b>C</b>		
City Rochester	State WA	Zip Code 98579-9329	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500562923</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Lee-Faris, Sharon, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 27819 NE 48Th Way					
City Camas	State WA	Zip Code 98607-6102	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/Type	Transaction ID : 500562944		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lee-Faris, Sharon, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 27819 NE 48Th Way					
City Camas	State WA	Zip Code 98607-6102	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/Type	Transaction ID : 500563021		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Lee-Faris, Sharon, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 27819 NE 48Th Way					
City Camas	State WA	Zip Code 98607-6102	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 4.00		
Candidate Name		Category/Type	Transaction ID : 500563074		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Lee-Faris, Sharon, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 27819 NE 48Th Way			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-6102	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563103		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lee-Faris, Sharon, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 27819 NE 48Th Way			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-6102	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563153		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Legree, Corinne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 853 E 2Nd Ave			FEC Identification Number <b>C</b>		
City Salt Lake City	State UT	Zip Code 84103-3822	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563097		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Liddicoat, Joan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2215 NE 177Th Ave			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98684-0777			
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 25.00		
Candidate Name			Transaction ID : 500563202		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Loehlein, Kenneth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 8608 NE 13Th PI			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98665-9534			
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 10.00		
Candidate Name			Transaction ID : 500563013		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Loehlein, Kenneth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 8608 NE 13Th PI			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98665-9534			
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 10.00		
Candidate Name			Transaction ID : 500563047		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Loehlein, Kenneth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 8608 NE 13Th Pl					
City Vancouver	State WA	Zip Code 98665-9534	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500563163		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Loehrke, Walt, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 982 Hemlock Rd					
City Carson	State WA	Zip Code 98610-3147	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500563016		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Luiz, Juanita, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 235 W Sunny Sands Rd					
City Cathlamet	State WA	Zip Code 98612-9726	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name		Category/ Type	Transaction ID : 500563183		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Lyon, Dorothy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 113 NE 18Th St			FEC Identification Number C		
City Battle Ground	State WA	Zip Code 98604-8248	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563077		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Mackey, Charles, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 13005 NE 37Th Ct			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98686-4907	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563071		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Mahan, Gayle, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 102			FEC Identification Number C		
City Naselle	State WA	Zip Code 98638-0102	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563098		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Martin, Lila, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 9416 NW 28Th Ct			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98665-6181	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563035		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Martin, Lila, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 9416 NW 28Th Ct			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98665-6181	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563059		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Martin, Lila, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 9416 NW 28Th Ct			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98665-6181	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563147		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Martin, Lila, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 9416 NW 28Th Ct			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98665-6181	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500563209</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Mason, Gordon, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1531 NW 31St Ave			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-9358	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500562979</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Mastin, Larry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 14508 NE 63Rd Ct			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98686-2081	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : <b>500563051</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Maynor, Don, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 17907 SE 24Th St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98683-1835	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563134		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. McLean, Mary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 501 N Helens View Dr			FEC Identification Number <b>C</b>		
City Ridgefield	State WA	Zip Code 98642-8057	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563081		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Meade, John, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2208 NW 88Th St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98665-6504	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563195		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Miletich, Jane, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 10413 NE 153Rd PI			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98682-3067	Amount of Each Disbursement this Period 30.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563221		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Miller, Shawna, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 14313 NE 20Th Ave Ste A114			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98686-1485	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562972		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Miller, Susan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 16104 NE 4Th St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98684-3330	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563146		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Miller, Susan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 16104 NE 4Th St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98684-3330	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563188		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Millner, Marjorie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1107 NW 137Th St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98685-1256	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563118		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Mitchell, Paul, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 14416 NE 242Nd St			FEC Identification Number <b>C</b>		
City Battle Ground	State WA	Zip Code 98604-5643	Amount of Each Disbursement this Period 5.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563093		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	25.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Mitchell, Sharon, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 218 St Louis Way			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98664-1257	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563198		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Murphree, Diane, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1603 NE 66Th Cir			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98665-0398	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563031		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Nelson, Deborah, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4905 NE 47Th Ave			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98661-2630	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563041		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Nelson, Jill, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3315 NW 124Th St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98685-2266	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562996		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Ontiveros, Steve, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4417 NW Aspen St			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-8301	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563030		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Parma, Nancy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3115 Harney St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98660-2058	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563168		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Parsons, Dan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3109 NE 141St St					
City Vancouver	State WA	Zip Code 98686-2259	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name		Category/ Type	Transaction ID : 500562918		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Patterson, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4233 Olympia Way					
City Longview	State WA	Zip Code 98632-5103	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name		Category/ Type	Transaction ID : 500562982		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Paz, Richard, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 11601 NW 43Rd Ct					
City Vancouver	State WA	Zip Code 98685-3473	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500563210		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Petrick, Jerry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 10013 NE 78Th Cir			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98662-2970	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562916		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Phillips, Terry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2205 NE 161St Pl			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98684-4512	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562927		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Pierce, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3164 Wildwood Dr			FEC Identification Number <b>C</b>		
City Longview	State WA	Zip Code 98632-5433	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563207		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Plumhoff, Uwe, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 10209 NE 359Th St			FEC Identification Number <b>C</b>		
City La Center	State WA	Zip Code 98629-3549	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563014		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Plymate, Lisa, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 8623 46Th Ave SW			FEC Identification Number <b>C</b>		
City Seattle	State WA	Zip Code 98136-2429	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562926		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Porter, Gary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 8127 212Th St SW			FEC Identification Number <b>C</b>		
City Edmonds	State WA	Zip Code 98026-7467	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563083		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Porter, Gary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 8127 212Th St SW			FEC Identification Number <b>C</b>		
City Edmonds	State WA	Zip Code 98026-7467	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563226		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Pound, John, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 900 University St			FEC Identification Number <b>C</b>		
City Seattle	State WA	Zip Code 98101-2797	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563119		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Quirk, Kelly, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3500 Z St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98663-2650	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563193		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Rea, Patricia, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 520 SE COLUMBIA R Dr			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98661			
Purpose of Disbursement Contribution Refund			Transaction ID : 500563140		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Rees, Richard, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3534 NE 26Th Ave			FEC Identification Number <b>C</b>		
City Portland	State OR	Zip Code 97212-1521			
Purpose of Disbursement Contribution Refund			Transaction ID : 500563141		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Reuter, Kalama, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 2376			FEC Identification Number <b>C</b>		
City White Salmon	State WA	Zip Code 98672-2376			
Purpose of Disbursement Contribution Refund			Transaction ID : 500563132		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Richard, Samuel, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 25604 NE Manley Rd			FEC Identification Number C		
City Battle Ground	State WA	Zip Code 98604-9513	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563025		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Richard, Stuart, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1093 China Garden Rd			FEC Identification Number C		
City Kalama	State WA	Zip Code 98625-8703	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563069		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Ross, Shawna, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 12301 NW 34Th Ave			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98685-2208	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562928		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Rubinelli, Jackie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3801 SE 182Nd Ct			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98683-8269	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563124		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Russell, Richard, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 8229 Frederick Pl			FEC Identification Number C		
City Edmonds	State WA	Zip Code 98026-5032	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562981		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Sarasohn, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4321 SW Twombly Ave			FEC Identification Number C		
City Portland	State OR	Zip Code 97239-1370	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563159		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Sayce, Kathleen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 91			FEC Identification Number <b>C</b>		
City Nahcotta	State WA	Zip Code 98637-0091	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563157		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Scharbach, Erica, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 101 Jennings Dr			FEC Identification Number <b>C</b>		
City Silverlake	State WA	Zip Code 98645-9735	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563038		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Schmidt, Kurt, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3113 Yeoman Ave			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98660-1170	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562999		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Severeide, Rebecca, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 16420 SE McGillivray Blvd # 103-653					
City Vancouver	State WA	Zip Code 98683-3461	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500562963		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Severeide, Rebecca, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 16420 SE McGillivray Blvd # 103-653					
City Vancouver	State WA	Zip Code 98683-3461	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500563127		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Severeide, Rebecca, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 16420 SE McGillivray Blvd # 103-653					
City Vancouver	State WA	Zip Code 98683-3461	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 10.00		
Candidate Name		Category/ Type	Transaction ID : 500563169		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Shaw, Elizabeth, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 17501 NE 72Nd St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98682-9668			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name			Transaction ID : 500563072		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Sinclair, Donna, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4141 Liedtke Way			FEC Identification Number <b>C</b>		
City Washougal	State WA	Zip Code 98671-9155			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 35.00		
Candidate Name			Transaction ID : 500563197		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Slingerland, Penny, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 5412 NE Issler St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98661-1458			
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 15.00		
Candidate Name			Transaction ID : 500563100		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 76
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Smith, Lyle, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021
Mailing Address 14604 NW 24Th Ave		FEC Identification Number C
City Vancouver	State WA	Zip Code 98685-1016
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 5.00
Candidate Name	Category/ Type	Transaction ID : 500562924
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sommerhauser, James, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021
Mailing Address 753 Orrfelt Dr NW		FEC Identification Number C
City Bremerton	State WA	Zip Code 98311-8921
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 20.00
Candidate Name	Category/ Type	Transaction ID : 500563026
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sowder, James, J, ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021
Mailing Address 3610 G St		FEC Identification Number C
City Vancouver	State WA	Zip Code 98663-2333
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 100.00
Candidate Name	Category/ Type	Transaction ID : 500563006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Spiegel, Lisa, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3720 E Mill Plain Blvd Apt 3			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98661-5469	Amount of Each Disbursement this Period 36.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562988		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Stein, Jonathan, D, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 19617 NE Risto Rd			FEC Identification Number <b>C</b>		
City Battle Ground	State WA	Zip Code 98604-9614	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563068		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Stephens, Jack, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 7107 156Th St SW			FEC Identification Number <b>C</b>		
City Edmonds	State WA	Zip Code 98026-4529	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563101		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	86.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Stupfel, Nancy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2716 NW 29Th Ave			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-7382	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562958		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Sullivan, Janet, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2617 NE 154Th Ct			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98684-7895	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563121		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Sutton, Dave, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 17014 NE 19Th Way			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98684-6772	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563194		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Taylor, Michael, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 2800 SE 370Th Ave			FEC Identification Number C		
City Washougal	State WA	Zip Code 98671-6658	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563135		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Tennican, Kim, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 5722 E Green Lake Way N			FEC Identification Number C		
City Seattle	State WA	Zip Code 98103-5954	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563000		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Thompson, Christopher, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3141 Meander Ln NW			FEC Identification Number C		
City Olympia	State WA	Zip Code 98502-3957	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562909		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Thrall, Frederick, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 36917 NW Pacific Hwy			FEC Identification Number C		
City Woodland	State WA	Zip Code 98674-3712	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563040		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Trujillo, Sylvia, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 13801 NW 56Th Ave			FEC Identification Number C		
City Vancouver	State WA	Zip Code 98685-1455	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562939		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Walker, Craig, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3041 NW Grass Valley Dr			FEC Identification Number C		
City Camas	State WA	Zip Code 98607-4000	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562943		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Walker, Craig, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 3041 NW Grass Valley Dr			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-4000	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500562959		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Wallace, Craig, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 7900 NE 298Th Ct			FEC Identification Number <b>C</b>		
City Camas	State WA	Zip Code 98607-7039	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563126		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Wallace, Kathleen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 20647 Mainland View Ln NE			FEC Identification Number <b>C</b>		
City Suquamish	State WA	Zip Code 98392-9742	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563053		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Watkins, Sheyna, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 4324 8Th Ave NE Apt G6					
City Seattle	State WA	Zip Code 98105-4705	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 40.00		
Candidate Name		Transaction ID : 500562960			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Weil, Susanne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address PO Box 787					
City Onalaska	State WA	Zip Code 98570-0787	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 100.00		
Candidate Name		Transaction ID : 500563037			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Werlin, Joella, A, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 1111 10Th Ave E Apt 30					
City Seattle	State WA	Zip Code 98102-4371	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 15.00		
Candidate Name		Transaction ID : 500563117			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	155.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. White, Nancy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 40 Rocky Rd			FEC Identification Number C		
City Trout Lake	State WA	Zip Code 98650-9713	Amount of Each Disbursement this Period 10.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563052		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. White, Nancy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 40 Rocky Rd			FEC Identification Number C		
City Trout Lake	State WA	Zip Code 98650-9713	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563165		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Wilkie, Melissa, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 231 Robertson Rd			FEC Identification Number C		
City Longview	State WA	Zip Code 98632-9786	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Contribution Refund		Category/ Type	Transaction ID : 500563067		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Winter, Paula, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 13413 NW 10Th Ave Apt A					
City Vancouver	State WA	Zip Code 98685-2563	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name			Transaction ID : 500562932		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Winter, Paula, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 13413 NW 10Th Ave Apt A					
City Vancouver	State WA	Zip Code 98685-2563	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 50.00		
Candidate Name			Transaction ID : 500563206		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Woods, Kimberly, S, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 9604 NW 24Th Ave					
City Vancouver	State WA	Zip Code 98665-6228	FEC Identification Number C		
Purpose of Disbursement Contribution Refund			Amount of Each Disbursement this Period 25.00		
Candidate Name			Transaction ID : 500562995		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 76			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Elect Carolyn Long**

Full Name (Last, First, Middle Initial) <b>A. Yarbrough, Janis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 8400 NE 56Th St			FEC Identification Number <b>C</b>		
City Vancouver	State WA	Zip Code 98662-6283			
Purpose of Disbursement Contribution Refund			Transaction ID : 500562949		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Zabriskie, Ramona, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2021		
Mailing Address 18807 NE 33Rd Ct			FEC Identification Number <b>C</b>		
City Ridgefield	State WA	Zip Code 98642-8905			
Purpose of Disbursement Contribution Refund			Transaction ID : 500563164		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code			
Purpose of Disbursement			Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5204.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Elect Carolyn Long**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**NGP Van, Inc**

Mailing Address PO Box 392264

City Pittsburgh State PA Zip Code 15251-9264

Nature of Debt (Purpose):  
Software Rental

Outstanding Balance Beginning This Period  Transaction ID : 1250001707

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>