## 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN     Elect Carolyn						7	
ADDRESS (number and stre	eet) PO Box 821288						
CITY STATE Vancouver WA			ZIP CODE 98682				
2. NAME OF CANDIDATE		VVA	3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION I	NIIMRER
Long, Carolyn, , ,			House WA 03			C00660472	
5. ISTHIS AN AMENDMENT?	NO, THIS IS A	NEW FILING	YES, IT AMENI	DS THE	NOTICE FILED ON	/////	
A. FULL NAME AMERICAN DEFENSE AND MILITARY PAC (ADAM PAC)			Name of Employer			Date (month, day, year)	Amount
MAILING ADDRESS 119 1St Ave SW Ste 320			Transaction ID : 8143681			10/15/2020	1000.00
CITY	STATE	ZIP CODE	Occupation				
			o o o a patient	Occupation			
Fort McNair	DC	20024-5122				5. ( "	
B. FULL NAME BUILD OUR MOVEMENT PAC			Name of Employer			Date (month, day, year)	Amount
MAILING ADDRESS			_			10/15/2020	1000.00
603 Stewart St Ste 819			Transaction II	D · 81	13682		
CITY	STATE	ZIP CODE	Occupation			_	
Seattle	WA	98101-1229	·				
C. FULL NAME		30101 1223	Name of Emplo	wor		Date (month,	Amount
Gifford PAC			Name of Emplo	yeı		day, year)	Amount
MAILING ADDRESS						10/15/2020	1000.00
PO Box 51196			Transaction I	D : 81	43685		
CITY	STATE	ZIP CODE	Occupation				
Washington	DC	20091-1196					
D. FULL NAME	I	I	Name of Emplo	yer		Date (month,	Amount
Hanauer, Leslie, , ,			The Nick And Leslie Hanauer		day, year)		
MAILING ADDRESS 1301 2Nd Ave			Foundation			10/15/2020	2800.00
1301 2Nd Ave Ste 2850			Transaction II	D - 81	13716		
CITY	STATE	ZIP CODE	Occupation	. 01-	+57 10	_	
Seattle	WA	98101-0002		Philanthropist			
E FULL NAME Hanauer, Nicolas, , ,			Name of Employer Second Avenue Partners			Date (month, day, year)	Amount
MAILING ADDRESS						10/15/2020	2800.00
1301 2Nd Ave			Transaction ID : 9142715			10/13/2020	2000.00
Ste 2850 CITY	STATE	ZIP CODE	Transaction ID : 8143715 Occupation		<del>1</del> 37 13	_	
			·				
Seattle	WA	98101-0002	Venture Capi	ıtalist			
SIGNATURE (optional) Petterson, Jay, , ,			[Electronically Filed] DATE 10/17/2020 For further information con Federal Election Commission 999 E Street, NW, Washington, DC Toll Free 800-424-9530, Local 202-1		tion Commission Washington, DC 20463		



Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



Image# 202010179297144591 PAGE 2 / 2

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NAME OF COMMITTEE IN FULL     Elect Carolyn Long			
ADDRESS (number and street) PO Box 821288		-	
FO BUX 021200			
CITY, STATE, and ZIP CODE		1	
Vancouver	WA 98682	continuation	on page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATIO	N NUMBER
Long, Carolyn, , ,	House WA 03	C00660472	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Metzenberg, Howard, , ,	Dick Blick Holdings Inc	day, year)	
<b>3</b> , , , ,		10/16/2020	1000.00
1721 21St Ave E			
	Transaction ID: 8143719	_	
Seattle WA 98112-3404	Occupation  Director		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
	Putnam Price Group	day, year)	
Putnam, Cynthia, , ,	Futham Flice Gloup	10/16/2020	2800.00
1142 20Th Ave E		10/10/2020	2000.00
	Transaction ID: 8143718		
Seattle WA 98112-3509	Occupation		
Seattle WA 98112-3509	Consultant		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
St John, Tom, , ,	Not Employed	day, your,	
04000 Novelin Del		10/15/2020	1000.00
21900 Nootka Rd	Transaction ID - 04 42747		
	Transaction ID : 8143717 Occupation	_	
Woodway WA 98020-4166	Retired		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		
F FULL NAME MAILING ADDRESS AND 7ID CODE	Name of Employee	Date (month,	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	
	Occupation		