

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.

1. NAME OF COMMITTEE IN FULL Elect Carolyn Long			
ADDRESS (number and street) PO Box 821288			
CITY Vancouver		STATE WA	ZIP CODE 98682
2. NAME OF CANDIDATE Long, Carolyn, , ,		3. OFFICE SOUGHT (State and District) House WA 03	
4. FEC IDENTIFICATION NUMBER C00660472			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME Desjardins, David, L, ,			
MAILING ADDRESS 1538 Burlingame Ave		Name of Employer Self Employed	
CITY Burlingame		STATE CA	ZIP CODE 94010-5102
		Transaction ID : 8783313	
		Occupation Investor	
		Date (month, day, year) 10/28/2020	Amount 1000.00
B. FULL NAME Frownfelter, Milah, , ,			
MAILING ADDRESS 2556 Queen Anne Ave N		Name of Employer Self Employed	
CITY Seattle		STATE WA	ZIP CODE 98109-1819
		Transaction ID : 8783312	
		Occupation Physician	
		Date (month, day, year) 10/28/2020	Amount 2550.00
C. FULL NAME Gaither, Jordan, , ,			
MAILING ADDRESS 6720 N Scottsdale Rd Ste 200		Name of Employer IDM	
CITY Scottsdale		STATE AZ	ZIP CODE 85253-4467
		Transaction ID : 8783306	
		Occupation Development	
		Date (month, day, year) 10/27/2020	Amount 2800.00
D. FULL NAME Goldman, Douglas, , ,			
MAILING ADDRESS 1 Montgomery St		Name of Employer Certain Inc.	
CITY San Francisco		STATE CA	ZIP CODE 94104-4503
		Transaction ID : 8783314	
		Occupation Software Publisher	
		Date (month, day, year) 10/28/2020	Amount 1000.00
E. FULL NAME Goldman, Lisa, M., ,			
MAILING ADDRESS 2520 Union St		Name of Employer Not Employed	
CITY San Francisco		STATE CA	ZIP CODE 94123-3833
		Transaction ID : 8783315	
		Occupation Not Employed	
		Date (month, day, year) 10/28/2020	Amount 1000.00
SIGNATURE (optional) Pettersen, Jay, , ,		DATE 10/29/2020	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

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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.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Jessup, Dale, , , 809 NE 224Th Cir Ridgefield WA 98642-8231	Name of Employer Not Employed Transaction ID : 8783310 Occupation Not Employed	Date (month, day, year) 10/27/2020	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Jessup, Kathryn, , , 809 NE 224Th Cir Ridgefield WA 98642-8231	Name of Employer Not Employed Transaction ID : 8783309 Occupation Not Employed	Date (month, day, year) 10/27/2020	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Mann, Joy, , , PO Box 2309 Vashon WA 98070-2309	Name of Employer Self Employed Transaction ID : 8783307 Occupation Jeweler	Date (month, day, year) 10/27/2020	Amount 2800.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE One Voice 910 17Th St NW Ste 925 Washington DC 20006-2641	Name of Employer Not Employed Transaction ID : 8740783 Occupation Not Employed	Date (month, day, year) 10/27/2020	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Peterson, Matthew, , , 2556 Queen Anne Ave N Seattle WA 98109-1819	Name of Employer Not Employed Transaction ID : 8783311 Occupation Not Employed	Date (month, day, year) 10/28/2020	Amount 2800.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Schultz, Nancy, L, , 4304 Willamette Ct Vancouver WA 98661-5950	Name of Employer Not Employed Transaction ID : 8783308 Occupation Not Employed	Date (month, day, year) 10/27/2020	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Southern California Fund 777 S Figueroa St Ste 4050 Los Angeles CA 90017-5864	Name of Employer Transaction ID : 8617835 Occupation	Date (month, day, year) 10/27/2020	Amount 2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount