

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 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E | | Name of Employer Date (month, day, year) | |
| MAILING ADDRESS 1625 L St NW | | Transaction ID : 8352445 | |
| CITY Washington | STATE DC | ZIP CODE 20036-5665 | Amount 5000.00 |
| B. FULL NAME Ball, Timothy, , , | | Name of Employer Date (month, day, year) | |
| MAILING ADDRESS 621 Cooper Ave | | Transaction ID : 8461983 | |
| CITY Underwood | STATE WA | ZIP CODE 98651-9031 | Amount 1000.00 |
| C. FULL NAME Blue Hen PAC | | Name of Employer Date (month, day, year) | |
| MAILING ADDRESS 600 Pennsylvania Ave SE Unit 15180 | | Transaction ID : 8479628 | |
| CITY Washington | STATE DC | ZIP CODE 20003-7508 | Amount 1000.00 |
| D. FULL NAME Cooper, James, , , | | Name of Employer Date (month, day, year) | |
| MAILING ADDRESS PO Box 934 | | Transaction ID : 8343510 | |
| CITY Washougal | STATE WA | ZIP CODE 98671-0922 | Amount 1000.00 |
| E. FULL NAME Curtis, Thomas, R, , | | Name of Employer Date (month, day, year) | |
| MAILING ADDRESS 1903 Rolling Hills Ave SE | | Transaction ID : 8462076 | |
| CITY Renton | STATE WA | ZIP CODE 98055-3716 | Amount 1000.00 |
| SIGNATURE (optional) Pettersen, Jay, , , | | DATE 10/23/2020 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |
| <i>[Electronically Filed]</i> | | | |

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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.

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE Hennessey, Catherine, , , 6904 SE Riverside Dr Vancouver WA 98664-1662 | Name of Employer Casa Escobar Transaction ID : 8479676 Occupation Bartender | Date (month, day, year) 10/21/2020 | Amount 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE Henning, Betsy, , , 415 W 6Th St Ste 605 Vancouver WA 98660-3375 | Name of Employer Casa Escobar Transaction ID : 8461987 Occupation Bartender | Date (month, day, year) 10/22/2020 | Amount 1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE LEAGUE OF CONSERVATION VOTERS ACTION FUND 740 15Th St NW FI 7 Washington DC 20005-1019 | Name of Employer Transaction ID : 8479675 Occupation | Date (month, day, year) 10/21/2020 | Amount 1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE Loeb, Alexandra, , , 1122 E Pike St Seattle WA 98122-3916 | Name of Employer Not Employed Transaction ID : 8461986 Occupation Not Employed | Date (month, day, year) 10/21/2020 | Amount 1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE Loschen, Matt, G, , 21515 NE 81St St Redmond WA 98053-2227 | Name of Employer Not Employed Transaction ID : 8462077 Occupation Not Employed | Date (month, day, year) 10/22/2020 | Amount 1000.00 |

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE Rulli, Tonya, , , 514 W 9Th St Vancouver WA 98660-3017 | Name of Employer Roswell Infographics Transaction ID : 8462079 Occupation Web Developer | Date (month, day, year) 10/22/2020 | Amount 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE Thacher, Nancy, , , 11055 204Th Ave NE Redmond WA 98053-5106 | Name of Employer Self Employed Transaction ID : 8352344 Occupation Teacher | Date (month, day, year) 10/21/2020 | Amount 2800.00 |
| 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 |