

# Sickles For Delegate (CC-12-01059)

Reporting Period: 01/09/2021 Through: 01/09/2021

Page: 1 of 3

Schedule A: Direct Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor	Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location	Date Received	Contribution This Period	Aggregate To Date
DaVita PO Box 2037 Tacoma, WA 98401-2037	1. 2. Healthcare 3. Tacoma WA	01/09/2021	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.