



[Instructions for Part 1](#)

Note: This is a public form. Do not include street addresses or account numbers. See instructions for required information.

Beneficiary Name					Page Number
Samuel Landis					1
Part 1: Contributions					
#	Donor Name	City/State	Employer of Donor	Date	Amount
1	Anthony DelVecchio	Tacoma, WA	DEA	04/13/2024	\$1,000.00
2	Daniel Murray	Tacoma, WA	DEA	04/13/2024	\$300.00
3	Jodi Border	Seattle, WA	DEA	06/05/2024	\$250.00
4	Matthew Gomm	Boise, ID	DEA	06/05/2024	\$500.00
5	Jack Wilson	Bend, OR	DEA	06/05/2024	\$500.00
6	Sean Cummings	Eugene, OR	DEA	06/05/2024	\$700.00
7	Steve Meyer	Tokyo, Japan	DEA	06/05/2024	\$2,000.00
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Beneficiary Name					Page Number
Samuel Landis					2
Part 1: Contributions					
#	Donor Name	City/State	Employer of Donor	Date	Amount
1	None				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					