

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

100789431

09-30-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)  
 ALISHIA F TOPPER (Elect Alishia Topper)

Mailing Address  
 PO Box 1035

City Vancouver, WA Zip + 4 98666 Office Sought (candidates) CITY COUNCIL MEMBER Election Date 2017

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous .....		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L .....		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation .....		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
09/25/17	NATIONAL WOMEN'S POLITICAL PO Box 94442 Seattle, WA 98124			X	75.00	75.00
	Occupation					
09/25/17	H ROC PAC PO Box 61767 Vancouver, WA 98666			X	250.00	250.00
	Occupation					
09/25/17	CAROL CURTIS 1514 Columbia Street Vancouver, WA 98660			X	100.00	100.00
	Occupation					
09/25/17	LISA SCHAUER 2119 NW Lake Rd Camas, WA 98607			X	100.00	100.00
	Occupation					
09/25/17	LYNN VALENTER 2817 NW 9th Ave Camas, WA 98607			X	100.00	100.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			625.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			100.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT  
 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

725.00

4. Date of Deposit 09/29/17

Treasurer's Daytime Telephone No.: (360) 241-1222

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature Linda McLain Date 09-30-2017

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) ALISHIA F TOPPER (Elect Alishia Topper)	Deposit Date 09/29/17
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2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
09/25/17	COLLEEN BOCCIA 2245 S 4th Way Ridgefield, WA 98642	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100.00	100.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		