

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100747628

02-10-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)

NORMA SMITH (Friends of Norma Smith)

Mailing Address

PO Box 270

City	Zip + 4	Office Sought (candidates)
Clinton, WA	98236	STATE REPRESENTATIVE

Election Date
2018

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		
01/31/17	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation	0.01	
	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
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			0.01	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages			0.00	

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.

0.01

4. Date of Deposit

01/31/17

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

Treasurer's Signature

Date

Tom Perry

02-10-2017

Treasurer's Daytime Telephone No.: (253) 988-2455

Statement of Miscellaneous Receipts Attachment to Form C3

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Candidate or Committee Name

Deposit Date

NORMA SMITH (Friends of Norma Smith)

Date Received	Payee's Name, Address, City, State, Zip	Description	Amount
01/31/17	Bank Accounts ,	Bank Interest	0.01

Subtotal this page 0.01