

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100805874
 12-29-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
PAMELA J HALEY (Committee to Elect Pam Haley)

Mailing Address
621 West Sprague Avenue

City: **Spokane, WA** Zip + 4: **99201** 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
12/27/17	SUNSHINE DISPOSAL & RECYCLING 920 N Argonne Rd, #300 Spokane Valley, WA 99212			X	\$300.00	\$300.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$300.00	*See reverse for details.
		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.

\$300.00

4. Date of Deposit: **12/29/17**

Treasurer's Daytime Telephone No.: **(509)924-4211**

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

Treasurer's Signature: **Charlotte Benjamin** Date: **12-29-2017**