

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100808398

01-10-2018

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		
12/29/17	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:*	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

12/29/17

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

Treasurer's Signature

Date

Tom Perry

01-10-2018

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

Statement of Miscellaneous Receipts Attachment to Form C3

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Candidate or Committee Name
NORMA SMITH (Friends of Norma Smith)

Deposit Date

Date Received	Payee's Name, Address, City, State, Zip	Description	Amount
12/29/17	Bank Accounts ,	Bank Interest	\$0.01

Subtotal this page \$0.01