

**CASH RECEIPTS  
MONETARY  
CONTRIBUTIONS**

**C3**

(1/02)

THIS SPACE FOR OFFICE USE

100811476

02-10-2018

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

**BRENNAN F BAILEY (Friends of Brennan Bailey)**

Mailing Address

**PO Box 1431**

City

**Chehalis, WA**

Zip + 4

**98532**

Office Sought (candidates)

**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 .....                                    |        |       |
|               | 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:*<br>Employer's Name, City and State | P<br>R<br>I | G<br>E<br>N | Amount   | Aggregate*<br>Total       |
|---------------|--|---|-------------|-------------|----------|---------------------------|
| 01/23/18      | CHRIS BAILEY<br>261 Boardwalk Way<br>Kelso, WA 98626                 | Lower Columbia College<br>Longview, WA<br>OccupationPRESIDENT         | X           |             | \$250.00 | \$500.00                  |
|               |  | Occupation  |             |             |          |                           |
|               |  | Occupation  |             |             |          |                           |
|               |  | Occupation  |             |             |          |                           |
|               |  | Occupation  |             |             |          |                           |
|               |  | Occupation  |             |             |          |                           |
|               | <input type="checkbox"/> Check here if additional pages are attached | Sub-total   |             |             | \$250.00 | *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.

**\$250.00**

4. Date of Deposit

**01/23/18**

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

Treasurer's Signature

Date

**Denise S Nozsar**

**02-10-2018**

Treasurer's Daytime Telephone No.: **(360)304-9926**