

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100837000

06-11-2018

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 .....		
05/31/18	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	
		Amount from attached pages			\$0.00	
	<input type="checkbox"/> Check here if additional pages are attached					

### 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

**\*See reverse  
for details.**

4. Date of Deposit

05/31/18

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

Treasurer's Signature

Date

**Tom Perry**

06-11-2018

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
05/31/18	Bank Accounts ,	Bank Interest	\$0.01

Subtotal this page \$0.01