

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100841417
 07-02-2018

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARK SMITH (Elect Mark Smith)

Mailing Address
P. O. Box 555

City Kelso, WA	Zip + 4 98626	Office Sought (candidates) STATE REPRESENTATIVE	Election Date 2018
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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
06/27/18	JOHN KING 502 Williams-Finney Rd. Kelso, WA 98626	Cambell Crane Longview, WA OccupationCRANE OPERATOR	X		\$750.00	\$750.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$750.00 \$0.00	*See reverse for details.
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.					\$750.00	

4. Date of Deposit 06/27/18	I certify that this report is true and complete to the best of my knowledge
Treasurer's Daytime Telephone No.: (360)749-6799	Treasurer's Signature Dawn Smith
	Date 07-02-2018