

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 | Zip + 4 | Office Sought (candidates) |
| Kelso, WA | 98626 | 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: 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 | | | | |
| | | Occupation | | | | |
| | <input type="checkbox"/> Check here if additional pages are attached | Sub-total | | | \$750.00 | *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.

\$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 Signature

Date

Dawn Smith

07-02-2018

Treasurer's Daytime Telephone No.: (360) 749-6799