

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100842749

07-09-2018

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 .....		\$130.00
	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
06/28/18	WASHINGTON HOSPITAL PAC 999 3rd Ave Ste 1400 Seattle, WA 98104		X		\$1,000.00	\$1,000.00
	Occupation					
06/28/18	CAROL HARDAN PO Box 1508 Edmonds, WA 98020		X		\$100.00	\$100.00
	Occupation					
06/28/18	JOYCE AMATUZZO 3220 Whitney Dr Oak Harbor, WA 98277		X		\$25.00	\$25.00
	Occupation					
06/28/18	MARIO AMATUZZO 3220 Whitney Dr Oak Harbor, WA 98277		X		\$25.00	\$25.00
	Occupation					
06/28/18	DAVID SIMPSON 12319 NE Harmony Way Kingston, WA 98346		X		\$25.00	\$25.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,175.00	*See reverse for details.
		Amount from attached pages			\$50.00	

## 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.

\$1,225.00

4. Date of Deposit

07/06/18

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

Treasurer's Signature

Date

**Tom Perry**

07-09-2018

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

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**NORMA SMITH (Friends of Norma Smith)**

Deposit Date  
**07/06/18**

## 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*
06/28/18	ANDREW HOUGH 4645 Gravel Way Clinton, WA 98236	Occupation	X		\$25.00	\$25.00
06/28/18	SINE HOUGH 4645 Gravel Way Clinton, WA 98236	Occupation	X		\$25.00	\$25.00
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Page Total \$50.00