

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100854551

08-27-2018

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:*	P R I	G E N	Amount	Aggregate* Total
08/16/18	COMMUNITY BANKERS OF 504 14th Ave SE Ste 100 Olympia, WA 98501			X	\$250.00	\$250.00
	Occupation					
08/16/18	CERNER CORPORATION 2800 Rock Creek Pkwy Kansas City, MO 64117			X	\$250.00	\$250.00
	Occupation					
08/16/18	PENN COVE SHELLFISH LLC PO Box 148 Coupeville, WA 98239			X	\$500.00	\$500.00
	Occupation					
08/17/18	WSPMA-PODPAC 2150 N 107th St Ste 205 Seattle, WA 98133			X	\$200.00	\$200.00
	Occupation					
08/17/18	CHRIS CANLIS 2576 Aurora Ave N Seattle, WA 98109	Self Employed Seattle, WA		X	\$1,000.00	\$1,000.00
	Occupation	RESTAURANT OWNER				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,200.00	*See reverse for details.
		Amount from attached pages			\$1,000.00	
					\$3,200.00	

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.

4. Date of Deposit

08/21/18

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

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

Treasurer's Signature

Date

Tom Perry

08-27-2018

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
08/21/18

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*
08/17/18	ALICE CANLIS 2576 Aurora Ave N Seattle, WA 98109	Self Employed Seattle, WA Occupation RESTAURANT OWNER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$1,000.00