PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3
(1/02)

THIS SPACE FOR OFFICE USE
100857706
09-10-2018

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)	Election Date
Clinton, WA	**98236**	**STATE REPRESENTATIVE**	**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		
08/31/18	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:* Employer's Name, City and State	PRI	GEN	Amount	Aggregate* Total
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	☐ Check here if additional pages are attached	Sub-total			**$0.01**	***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. **$0.01**

4. Date of Deposit
08/31/18

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: **Tom Perry**

Date: **09-10-2018**

Statement of Miscellaneous Receipts
Attachment to Form C3

Candidate or Committee Name
NORMA SMITH (Friends of Norma Smith)

Deposit Date

Date Received	Payee's Name, Address, City, State, Zip	Description	Amount
08/31/18	Bank Accounts ,	Bank Interest	$0.01

Subtotal this page $0.01