

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100863549

10-08-2018

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
10/03/18	WASHINGTON STATE TROOPERS PAC 200 Union Ave SE Ste 200 Olympia, WA 98501			X	\$1,000.00	\$1,000.00
	Occupation					
10/03/18	WASHINGTON ELECTRIC PO Box 7219 Olympia, WA 98507			X	\$500.00	\$500.00
	Occupation					
10/03/18	NUCOR PAC OF WASHINGTON 2424 SW Andover St Seattle, WA 98106			X	\$500.00	\$500.00
	Occupation					
10/03/18	RAYMOND WICKS 2015 Cascade Ct Anacortes, WA 98221			X	\$12.50	\$12.50
	Occupation					
10/03/18	EDITH WICKS 2015 Cascade Ct Anacortes, WA 98221			X	\$12.50	\$12.50
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,025.00	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$2,125.00

4. Date of Deposit

10/05/18

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

Treasurer's Signature

Date

Tom Perry

10-08-2018

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date
10/05/18

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*
10/03/18	DANA QUAM 5614 29th Ct SE Lacey, WA 98503	WA State House of Olympia, WA Occupation POLICY COUNSEL		X	\$100.00	\$100.00
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Page Total \$100.00