| 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 REC MONETAR CONTRIBU | Y | C3 | THIS SPACE FOR OFFICE USE 100868196 10-22-2018 | | |
|--------------------|--|---------------------------------|--|----------------|--|---------------------------------|--|
| Candidate | or Committee Name (Do not abbreviate. | Use full name.) | | | | | |
| BRENNA | N F BAILEY (Friends of Br | ennan Bailey) | | | | | |
| Mailing Ad | dress | | | | | | |
| PO Box | 1431 | | | | | | |
| City Zip + 4 | | • | Office Sought (candidates) STATE REPRESENTATIVE | | Election Date | | |
| Chehalis, WA 98532 | | | STATE REPRESENTATIVE | | 2018 | | |
| 1. MONET | ARY CONTRIBUTIONS DEPOSITED IN A | 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 | r of persons aivina (r | persons) | | | |
| 2. CONTR | IBUTIONS OVER \$25.00 | | · · · · · · · · · · · · · · · · · · · | | | | |
| Date Received | Contributor's Name, Address, City, | | tions of more than \$100: [*] er's Name, City and State | PG RE IN | Amount | Aggregate [*] Total | |
| 10/16/18 | AWPPW WA AREA COUNCIL 10 Shelly Place Longview, WA 98632 | | | x | \$200.00 | \$200.00 | |
| | | Occupatior | 1 | | | | |
| | | | | | | | |
| | | Occupation | 1 | | | | |
| | | | | | | | |
| | | Occupatior | 1 | | | | |
| | | | | | | | |
| | | | Occupation | | | | |
| | | | 1 | | | | |
| | | Occupatior | <u> </u> | | | | |
| | | | Sub-total | | \$200.00 | | |
| | Check here if additional pages are attached | | Amount from attached pages | | \$0.00 | *See reverse | |
| | FUNDS RECEIVED AND DEPOSITED OF arts 1 and 2 above. Enter this amount in li | | UNI | | \$200.00 | for details. | |
| 4. Date of | | | I certify that this report is true and complete to the be Treasurer's Signature | | - | est of my knowledge Date | |
| | s Daytime Telephone No.: (360)304- | -9926 | Denise S Nozsar | | 10-22-2018 | | |