

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100868196  
 10-22-2018

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**BRENNAN F BAILEY (Friends of Brennan Bailey)**

Mailing Address  
**PO Box 1431**

City: **Chehalis, WA** Zip + 4: **98532** Office Sought (candidates): **STATE REPRESENTATIVE** Election Date: **2018**

1. MONETARY CONTRIBUTIONS DEPOSITED IN 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 of persons giving _____ (persons) |        |       |

2. CONTRIBUTIONS OVER \$25.00

| Date Received | Contributor's Name, Address, City, State, Zip                        | Contributions of more than \$100:<br>Employer's Name, City and State | P<br>R<br>I | G<br>E<br>N | Amount   | Aggregate*<br>Total       |
|---------------|--|--|-------------|-------------|----------|---------------------------|
| 10/16/18      | AWPPW WA AREA COUNCIL<br>10 Shelly Place<br>Longview, WA 98632       |  |             | X           | \$200.00 | \$200.00                  |
|               |  | Occupation   |             |             |          |                           |
|               |  | Occupation   |             |             |          |                           |
|               |  | Occupation   |             |             |          |                           |
|               |  | Occupation   |             |             |          |                           |
|               |  | Occupation   |             |             |          |                           |
|               | <input type="checkbox"/> Check here if additional pages are attached | Sub-total  |             |             | \$200.00 | *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.

\$200.00

4. Date of Deposit: **10/19/18**

Treasurer's Daytime Telephone No.: **(360)304-9926**

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

Treasurer's Signature: **Denise S Nozsar** Date: **10-22-2018**