

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100868298

10-22-2018

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
10/15/18	BP NORTH AMERICA EMPLOYEE PAC 501 Westlake Park Blvd Houston, TX 77079			X	\$1,000.00	\$1,000.00
	Occupation					
10/15/18	NFIB WASHINGTON PAC 1201 F St NW Ste 200 Washington, DC 20004			X	\$1,000.00	\$1,000.00
	Occupation					
10/15/18	DAVITA PO Box 2037 Tacoma, WA 98401			X	\$500.00	\$500.00
	Occupation					
10/15/18	WASHINGTON STATE TREE FRUIT 105 S 18th St Ste 116 Yakima, WA 98901			X	\$250.00	\$250.00
	Occupation					
10/15/18	ENTERTAINMENT SOFTWARE 601 Massachusetts Ave NW Ste Washington, DC 20001			X	\$250.00	\$250.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,000.00	*See reverse for details.
		Amount from attached pages			\$40.00	
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.					\$3,040.00	

4. Date of Deposit

10/17/18

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

10-22-2018

# 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  
**10/17/18**

## 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*
10/15/18	MARTHA YOUNT 364 NE Ronhaar St Oak Harbor, WA 98277	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$25.00	\$25.00
10/15/18	DEBRA KELLY 6807 Gibraltar Pl # A Anacortes, WA 98221	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$7.50	\$7.50
10/15/18	HENRY KELLY 6807 Gibraltar Pl # A Anacortes, WA 98221	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$7.50	\$7.50
		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"/>		
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$40.00