

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100869962

10-29-2018

Candidate or Committee Name (Do not abbreviate. Use full name.)

JUDITH M WARNICK (Judy Warnick for Senate Committee)

Mailing Address

601 S Pioneer Way Ste. F #352

City

Moses Lake, WA

Zip + 4

98837

Office Sought (candidates)

STATE SENATOR

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:*	P R I	G E N	Amount	Aggregate* Total
10/22/18	USAA PO BOX 34330 SAN ANTONIO, TX 78265			X	\$1,000.00	\$1,000.00
	Occupation					
10/22/18	WASHINGTON ASSOCIATION OF 25817 NE 2ND CT SAMMAMISH, WA 98074			X	\$1,000.00	\$1,000.00
	Occupation					
10/22/18	GILLESPIE EYE CARE 7012ND AVE SE QUINCY, WA 98848			X	\$100.00	\$100.00
	Occupation					
10/22/18	EPHRATA EYE CARE 1070 BASIN STREET SE STE F EPHRATA, WA 98823			X	\$200.00	\$200.00
	Occupation					
10/22/18	WEYERHAEUSER PO BOX 9769 FEDERAL WAY, WA 98063			X	\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,300.00	*See reverse for details.
		Amount from attached pages			\$1,350.00	
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.					\$4,650.00	

4. Date of Deposit

10/22/18

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

Treasurer's Signature

Date

Cody Parrish

10-29-2018

Treasurer's Daytime Telephone No.: (509)766-3100

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.) JUDITH M WARNICK (Judy Warnick for Senate Committee)	Deposit Date 10/22/18
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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*
10/22/18	WASHINGTON HEALTH CARE 303 CLEVELAND AVE SE STE 206 TUMWATER, WA 98501	Occupation		X	\$1,000.00	\$1,000.00
10/22/18	JASON STROMME 306 E CHASON AVE ELLENSBURG, WA 98926	Occupation		X	\$75.00	\$75.00
10/22/18	JEANETTE STROMME 306 E CHASON AVE ELLENSBURG, WA 98926	Occupation		X	\$75.00	\$75.00
10/22/18	JEREMY STORRS PO BOX 056 KITTTITAS , WA 98934	Occupation		X	\$50.00	\$50.00
10/22/18	SARAH STORRS PO BOX 056 KITTTITAS , WA 98934	Occupation		X	\$50.00	\$50.00
10/22/18	JANET DAVIS 3910 ROVERBOTTOM RD ELLENSBURG, WA 98926	Occupation		X	\$50.00	\$50.00
10/22/18	ROBERT DAVIS 3910 ROVERBOTTOM RD ELLENSBURG, WA 98926	Occupation		X	\$50.00	\$50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total \$1,350.00