

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100872987

11-05-2018

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
10/31/18	DELTA DENTAL OF WASHINGTON PO Box 75688 Seattle, WA 98175			X	\$1,000.00	\$1,000.00
	Occupation					
10/31/18	WASHINGTON BEER & WINE PO Box 86 Olympia, WA 98507			X	\$1,000.00	\$1,000.00
	Occupation					
10/31/18	DISH PO Box 6622 Englewood, CO 80155			X	\$500.00	\$500.00
	Occupation					
10/31/18	WASTE MANAGEMENT PO Box 3027 Houston, TX 77253			X	\$500.00	\$500.00
	Occupation					
10/31/18	PACIFICORP 825 NE Multnomah St Portland, OR 97232			X	\$950.00	\$950.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,950.00	*See reverse for details.
		Amount from attached pages			\$1,500.00	

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.

\$5,450.00

4. Date of Deposit

11/02/18

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

11-05-2018

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
11/02/18

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*
10/31/18	DART CONTAINER 500 Hogsback Rd Mason, MI 48854	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$500.00	\$500.00
11/01/18	THE REAGAN FUND PO Box 904 Olympia, WA 98507	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$1,500.00