

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 110046785
 09-10-2021

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Committee to Elect Peter Abbarno)

Mailing Address
PO Box 94

City: **Centralia, WA** Zip + 4: **98531** Office Sought (candidates): **STATE REPRESENTATIVE** Election Date: **2022**

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		
08/13/21	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	\$20.00	

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
08/13/21	SALLY THUMMEL 109 ROBERT FROST DR CENTRALIA, WA 98531		X		\$50.00	\$50.00
	Occupation					
08/13/21	ELLA MASTERS 870 Woodpecker Dr Kelso, WA 98626		X		\$40.00	\$40.00
	Occupation					
08/13/21	LINDA WILLIAMS 110 Valley Meadows Dr Chehalis, WA 98532		X		\$40.00	\$40.00
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached				Sub-total \$150.00 Amount from attached pages \$0.00	*See reverse for details.
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.					\$150.00	

4. Date of Deposit: **08/16/21**

Treasurer's Daytime Telephone No.: **(360)706-7137**

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

Treasurer's Signature: **Fred Rider** Date: **09-10-2021**