

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 110046790  
 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 .....		
	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
08/21/21	DIANA CARLEN 1529 N PROSPECT ST TACOMA, WA 98406		X		\$100.00	\$100.00
	Occupation					
	Occupation					
	Occupation					
	Occupation					
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$100.00	*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.

\$100.00

4. Date of Deposit **08/24/21**

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**