

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

110046794

09-10-2021

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

(Committee to Elect Peter Abbarno)

Mailing Address

PO Box 94

City Zip + 4 Office Sought (candidates)  
 Centralia, WA 98531 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 .....		
08/27/21	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:*	P R I	G E N	Amount	Aggregate* Total
08/27/21	ANTHONY AHRENS 415 N OAK ST, #5 CENTRALIA, WA 98531		X		\$40.00	\$40.00
	Occupation					
08/27/21	SONJA COX 1724 SW Gails Ave Chehalis, WA 98532		X		\$40.00	\$40.00
	Occupation					
08/27/21	JOHN ROTHLIN 211 GALAXIE RD CHEHALIS, WA 98532		X		\$50.00	\$50.00
	Occupation					
08/27/21	ANDREA SEHMEL 2010 SOUTH BAY RD NE OLYMPIA, WA 98506	Pacific Lutheran University Tacoma, WA	X		\$40.00	\$140.00
	Occupation	NURSE EDUCATOR				
08/27/21	LEAH DAARUD 525 S Diamond St Centralia, WA 98531		X		\$40.00	\$40.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$230.00	*See reverse for details.
		Amount from attached pages			\$100.00	

## 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.

\$330.00

4. Date of Deposit

08/30/21

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

Treasurer's Signature

Date

Fred Rider

09-10-2021

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

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date  
08/30/21

## 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*
08/27/21	FRANK CORBIN 438 KIRKLAND RD CHEHALIS, WA 98532	Occupation	X		\$100.00	\$100.00
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Page Total \$100.00