

**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 **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		
08/27/21	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: Employer's Name, City and State	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**

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**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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:*	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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