PUBLIC	DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	CASH REC MONETAR CONTRIBU	ſ	<b>C3</b>	11	ACE FOR OFFICE USE 0047122 -12-2021	
Candidate	or Committee Name (Do not abbreviate.	. Use full name.)			_		
(ELECT	MONICA STONIER)						
Mailing Ad	dress						
PO BOX	61762						
City	· · ·		Office Sought (can		Election Dat	e	
	VER, WA	98666	STATE REPRESE	STATE REPRESENTATIVE			
1. MONET	ARY CONTRIBUTIONS DEPOSITED IN	I ACCOUNT					
Date Received					Amount	Total	
	a. Anonymous						
	b. Candidate's personal funds depo	sited in the bank (include o	candidate loans in 1c)	••••••			
	c. Loans, notes, security agreements. Attach Schedule L						
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation						
2. CONTR	e. Small contributions \$25.00 or les IBUTIONS OVER \$25.00	s not itemized and number	of persons giving (	persons)			
Date			tions of more than \$100:*	P G R E	Amount	Aggregate*	
Received	Contributor's Name, Address, City	v, State, Zip Employe	er's Name, City and State	X X		Total	
9/09/21	UNITEDHEALTH GROUP, INC PO Box 1459 Minneapolis, MN 55440	Occupation	1		\$450.00	\$450.00	
		Occupation	•				
		Occupation	1				
		Occupation	I				
		Occupation	1				
			Sub-total		\$450.00		
	Check here if additional pages are attached		Amount from attached pages		\$0.00	*See reverse	
	FUNDS RECEIVED AND DEPOSITED ( arts 1 and 2 above. Enter this amount in				\$450.00	for details.	
4. Date of	Deposit		I certify that this report is true and complete to the best		ete to the best of my	/ knowledge	
09/	09/21		Treasurer's Signature		I	Date	
	s Daytime Telephone No.: (360)60	9-3527	MARSHA MANNING		C	09-12-2021	