

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

110047122

09-12-2021

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

Mailing Address
PO BOX 61762

City: **VANCOUVER, WA** Zip + 4: **98666** 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: Employer's Name, City and State | P R I | G E N | Amount | Aggregate* Total |
|---------------|--|--|-------------|-------------|----------|---------------------------|
| 09/09/21 | UNITEDHEALTH GROUP, INC PO Box 1459 Minneapolis, MN 55440 | | X | | \$450.00 | \$450.00 |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | <input type="checkbox"/> Check here if additional pages are attached | Sub-total | | | \$450.00 | *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.

\$450.00

4. Date of Deposit: **09/09/21**

Treasurer's Daytime Telephone No.: **(360)609-3527**

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

Treasurer's Signature: **MARSHA MANNING** Date: **09-12-2021**