

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

110052677

10-10-2021

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		\$100.00
	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
09/02/21	TOM NICHOLAS 193 MACRANOVIC RD CHEHALIS, WA 98532		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 **09/03/21**

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 **10-10-2021**