

CASH RECEIPTS MONETARY CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

110057405

10-25-2021

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

(ELECT MONICA STONIER)

Mailing Address

PO BOX 61762

City

Zip + 4 VANCOUVER, WA 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 ba							
	c. Loans, notes, security agreements. Attach Sch							
	d. Miscellaneous receipts (interest, refunds, aucti							
	e. Small contributions \$25.00 or less not itemized							
2. CONTR	IBUTIONS OVER \$25.00							
Date Received	Contributor's Name, Address, City, State, Zip		tions of more than \$100 er's Name, City and Sta	r.	G E N	Amount	Aggregate* Total	
10/26/21	ELI LILLY & CO			Х				
	Lilly Corporate Center Indianapolis, IN 46285					\$500.00	\$500.00	
		Occupation	1					
10/26/21	CIGNA			х				
	900 Cottage Rd, B6LPA Bloomfield, CT 06002					\$500.00	\$500.00	
		Occupation						
10/26/21	WA STATE AUTO DEALERS PAC			х				
	621 SW Grady Way Renton, WA 98057					\$1,000.00	\$1,000.00	
		Occupation	l .	1	,			
10/26/21	PREMERA			Х				
	PO Box 327 Seattle, WA 98111					\$1,000.00	\$1,000.00	
		Occupation	1					
10/26/21	SABEY CORP			Х				
	12201 Tukwila Int'l Blvd, 4th Seattle, WA 98168					\$500.00	\$500.00	
	Seattle, WA 90100							
		Occupation	1			42 500 00		
	☑ Check here if additional			Sub-		\$3,500.00		
	pages are attached		Amount from attached pages			\$500.00	*See reverse	
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.					\$4,000.00	for details.		
4. Date of Deposit I certify that this report				nd co	d complete to the best of my knowledge			
			Treasurer's Signatur	e			Date	

10/26/21

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

MARSHA MANNING

10-25-2021

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

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Deposit Date

(ELECT MONICA STONIER)						10/26/21	
2. CONTRIBU	TIONS 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*	
10/26/21	BRISTOL MYERS SQUIBB PO Box 25277 Tampa, FL 33622	Occupation	х		\$500.00	\$500.00	
		Occupation					
		Occupation		1			
		Occupation					
		Occupation		1			
		Occupation		<u>I</u>			
		Cocapanon					
		Occupation					
		Occupation					
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		Occupation					