

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

110060780

11-08-2021

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**(Committee To Elect Sharon Wylie)**

Mailing Address  
**6400 NE Highway 99, Suite G340**

City **Vancouver, WA** Zip + 4 **98665** 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 .....		
10/22/21	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation .....	\$5,000.00	
	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
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$5,000.00	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	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.

\$5,000.00

4. Date of Deposit **10/22/21**

Treasurer's Daytime Telephone No.: **(360)241-1222**

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

Treasurer's Signature **Linda McLain** Date **11-08-2021**

**Statement of Miscellaneous Receipts**  
**Attachment to Form C3**

Candidate or Committee Name  
(Committee To Elect Sharon Wylie)

Deposit Date

Date Received	Payee's Name, Address, City, State, Zip	Description	Amount
10/22/21	Wylie Sharon L Surplus Account 6400 NE Highway 99 Ste G340 Vancouver, WA 98665	Transfer from surplus	\$5,000.00

Subtotal this page \$5,000.00