

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 110063581
 12-05-2021

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
11/30/21	LUMEN TECHNOLOGIES PO Box 4065 Monroe, LA 71211		X		\$500.00	\$500.00
		Occupation				
11/30/21	COMMUNITY HEALTH NETWORK OF WA 1111 Third Ave, Ste 400 Seattle, WA 98101		X		\$1,000.00	\$1,000.00
		Occupation				
11/30/21	CASCADE NATURAL GAS 8113 W Grandridge Blvd Kennewick, WA 99336		X		\$500.00	\$500.00
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,000.00	*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.

\$2,000.00

4. Date of Deposit **11/30/21**

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 **12-05-2021**