

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110063584

12-05-2021

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

(Sharon Shewmake)

Mailing Address

PO Box 5162

City

Bellingham, WA

Zip + 4

98227

Office Sought (candidates)

STATE SENATOR

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 N T	G E N	Amount	Aggregate* Total
11/30/21	TIMOTHY DOUGLAS 2114 WILLIAMS ST BELLINGHAM, WA 98225	, Occupation RETIRED	X		\$125.00	\$125.00
11/30/21	JOANNE DOUGLAS 2114 WILLIAMS ST BELLINGHAM, WA 98225	, Occupation RETIRED	X		\$125.00	\$125.00
11/30/21	GEORGE PFEIFFER 530 HIGHWAY 335, PO BOX 694 BIG HORN, NY 82833	, Occupation	X		\$50.00	\$50.00
11/30/21	NANCY PFEIFFER 530 HIGHWAY 335, PO BOX 694 BIG HORN, NY 82833	, Occupation	X		\$50.00	\$50.00
11/30/21	NATALIE MCCLENDON 4682 WYNN RD BELLINGHAM, WA 98226	TURNER PHOTOGRAPHICS BELLINGHAM, WA Occupation CO-OWNER	X		\$250.00	\$250.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$600.00	*See reverse for details.
		Amount from attached pages			\$1,100.00	

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.

\$1,700.00

4. Date of Deposit

11/30/21

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

Treasurer's Signature

Date

Janet Miller

12-05-2021

Treasurer's Daytime Telephone No.: (206) 669-4924

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

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

Deposit Date
11/30/21

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	NANCY SIMMERMAN PO Box 215 Lummi Island, WA 98262	Occupation	X		\$50.00	\$50.00
11/30/21	HELEN ARNTSOM 2219 D ST BELLINGHAM, WA 98225	Occupation	X		\$50.00	\$50.00
11/30/21	SEIU 775 QUALITY CARE COMMITTEE 215 COLUMBIA ST SEATTLE, WA 98104	Occupation	X		\$1,000.00	\$1,000.00
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Page Total \$1,100.00