

CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

110065887

12-10-2021

Candidate or Committee Name (Do not abbreviate. Use full name.) (Committee to Elect Peter Abbarno) Mailing Address PO Box 94 City Zip + 4Office Sought (candidates) **Election Date** STATE REPRESENTATIVE

2022 Centralia, WA 98531 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received \$100.00 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 Contributions of more than \$100:* Aggregate* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received Х 11/15/21 WEYERHAEUSER 220 Occidental Ave S \$1,000.00 \$1,000.00 Seattle, WA 98104 Occupation Х 11/15/21 PHARMACEUTICAL CARE MANAGEMENT 325 7th St NW \$250.00 \$250.00 Washington, DC 20004 Occupation Х 11/15/21 **PACIFICORP** 825 NE MULTNOMAH \$500.00 \$500.00 PORTLAND , OR 97232 Occupation Х 11/15/21 WA HOSPITALITY ASSN PAC 510 PLUM ST SE, SUITE 200 \$500.00 \$500.00 OLYMPIA, WA 98501 Occupation Occupation Sub-total \$2,250.00 Check here if additional Amount from \$0.00 pages are attached *See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$2,250.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date Fred Rider 12-10-2021

11/15/21

Treasurer's Daytime Telephone No.: (360)706-7137