

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110066856

12-20-2021

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

(Committee To Elect Sharon Wylie)

Mailing Address

6400 NE Highway 99, Suite G340

City Zip + 4 Office Sought (candidates)
Vancouver, WA 98665 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:*	P R I	G E N	Amount	Aggregate* Total
12/13/21	KALISPEL TRIBAL ECONOMIC 100 N Hayford Rd Airway Heights, WA 99001		X		\$500.00	\$500.00
	Occupation					
12/13/21	DOORDASH INC 303 2ND STREET SUITE 800 SAN FRANCISCO, CA 94107		X		\$500.00	\$500.00
	Occupation					
12/13/21	WASHINGTON ASSOC OF VEHICLE PO BOX 625 VANCOUVER, WA 98041		X		\$1,000.00	\$1,000.00
	Occupation					
12/13/21	CRAFT CANNABIS COALITION PAC 748 Market Street Ste 500 Tacoma, WA 98402		X		\$500.00	\$500.00
	Occupation					
12/13/21	MEDNAX INC FED. POLITICAL 1301 Concord Terrace Sunrise, FL 33323		X		\$500.00	\$500.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,000.00	*See reverse for details.
		Amount from attached pages			\$2,500.00	

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.

\$5,500.00

4. Date of Deposit

12/13/21

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

Treasurer's Signature

Date

Linda McLain

12-20-2021

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date
12/13/21

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*
12/13/21	WASHINGTON BEER & WINE PO BOX 86 OLYMPIA , WA 98507	Occupation	X		\$1,000.00	\$1,000.00
12/13/21	DELTA DENTAL PO BOX 75688 SEATTLE, WA 98175	Occupation	X		\$1,000.00	\$1,000.00
12/13/21	WASHINGTON HOSPITALITY 510 Plum Street SE Olympia, WA 98501	Occupation	X		\$500.00	\$500.00
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Page Total \$2,500.00