

**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: **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		
	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
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**

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: **12-20-2021**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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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