

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 110069701
 01-10-2022

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Committee to Elect Peter Abbarno)

Mailing Address
PO Box 94

City: **Centralia, WA** Zip + 4: **98531** Office Sought (candidates): **STATE REPRESENTATIVE** Election Date: **2022**

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		\$100.00
	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
12/04/21	DELTA DENTAL PO BOX 75688 SEATTLE, WA 98175		X		\$500.00	\$500.00
	Occupation					
12/04/21	ASSOC BUILDERS & CONTRACTORS 399 114TH AVE NE BELLEVUE, WA 98004		X		\$500.00	\$500.00
	Occupation					
12/04/21	LAW ENFORCEMENT ADMIN OF WA PO Box 1358 Tacoma, WA 98401		X		\$250.00	\$250.00
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached				Sub-total \$1,250.00 Amount from attached pages \$0.00	*See reverse for details.
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.					\$1,250.00	

4. Date of Deposit: **12/04/21**

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

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

Treasurer's Signature: **Fred Rider** Date: **01-10-2022**