PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3
(1/02)

THIS SPACE FOR OFFICE USE
100723983
10-03-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
NORMA SMITH (Friends of Norma Smith)

Mailing Address
PO Box 270

City	Zip + 4	Office Sought (candidates)	Election Date
Clinton, WA	98236	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		70.00
	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	PRI	GEN	Amount	Aggregate* Total
09/30/16	JOSEPH P MOSOLINO 1777 Brideck Ln Oak Harbor, WA 98277	Windermere Freeland, WA Occupation REALTOR		X	250.00	250.00
09/30/16	BLIND DOG ENTERPRISES LTD. 240 SE Arcadia Point Rd Shelton, WA 98584	Occupation		X	100.00	100.00
09/30/16	CAROL HARDAN PO Box 1508 Edmonds, WA 98020	Occupation		X	50.00	50.00
09/30/16	FRIENDS OF WSU 227 Bellevue Way NE #580 Bellevue, WA 98004	Occupation		X	500.00	500.00
09/30/16	DARYL VANDERPOL PO Box 1249 Clinton, WA 98236	, Occupation RETIRED		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			1,400.00 750.00	*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. 2,150.00

4. Date of Deposit
09/30/16

Treasurer's Daytime Telephone No.: (253)988-2455

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

Treasurer's Signature: Tom Perry

Date: 10-03-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
NORMA SMITH (Friends of Norma Smith)

Deposit Date
09/30/16

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	PRI	GEN	Amount	Aggregate Total*
09/30/16	CLAUDIA VANDERPOL PO Box 1249 Clinton, WA 98236	, Occupation RETIRED		X	500.00	500.00
09/30/16	WASHINGTON BEER & WINE PO Box 86 Olympia, WA 98507	Occupation		X	250.00	250.00
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Page Total 750.00