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
100725244
10-10-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
MONICA STONIER (Vote Monica Stonier)

Mailing Address
PO Box 668

| City | Zip + 4 | Office Sought (candidates) | Election Date |
|---|---|---|---|
| Vancouver, WA | 98666 | STATE REPRESENTATIVE | 2016 |

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 | PRI | GEN | Amount | Aggregate* Total |
|---|---|---|---|---|---|---|
| 10/05/16 | ATU LEGISLATIVE COUNCIL OF WA<br>1155 N State St, Ste 316<br>Bellingham, WA 98225 | Occupation | | X | 1,000.00 | 1,000.00 |
| 10/05/16 | AFT WA COPE STATE/LOCAL<br>625 ANDOVER PARK W., STE 111<br>TUKIWILA, WA 98188 | Occupation | | X | 500.00 | 500.00 |
| 10/05/16 | CATHLEEN JONES<br>3720 Clark Ave<br>Vancouver, WA 98661 | Occupation | | X | 100.00 | 100.00 |
| 10/05/16 | CAMBIA HEALTH SOLUTIONS<br>PO BOX 1271<br>PORTLAND, OR 97207 | Occupation | | X | 500.00 | 500.00 |
| 10/05/16 | SEIU HEALTHCARE 1199NW<br>15 S GRADY WAY, STE 200<br>RENTON, WA 98057 | Occupation | | X | 1,000.00 | 1,000.00 |
| | ☒ Check here if additional pages are attached | Sub-total | | | 3,100.00 | |
| | | Amount from attached pages | | | 1,000.00 | |

*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. 4,100.00

4. Date of Deposit
10/05/16

Treasurer's Daytime Telephone No.: (360)609-3527

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

| Treasurer's Signature | Date |
|---|---|
| Marsha Manning | 10-10-2016 |

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)



Candidate or Committee Name (Do not abbreviate. Use full name.)
MONICA STONIER (Vote Monica Stonier)

Deposit Date
10/05/16

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* |
|---|---|---|---|---|---|---|
| 10/05/16 | PUBLIC SCHOOL EMPLOYEES OF WA<br>201 NE PARK PLAZA DR #260<br>VANCOUVER, WA 98684 | Occupation | | X | 1,000.00 | 1,000.00 |
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Page Total 1,000.00