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
100366255
07-12-2010

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHN F DRISCOLL (Citizens for John Driscoll)

Mailing Address
2525 E. 29th Ave Ste 10B PMB 344

City	Zip + 4	Office Sought (candidates)	Election Date
Spokane, WA	99223	STATE REPRESENTATIVE	2010

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		12.00
	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		
Various	e. Small contributions $25.00 or less not itemized and number of persons giving 2 (persons)	50.00	

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
07/08/10	VANCOUVER EYE CARE 3200 Main Street Vancouver, WA 98663	Occupation	X		800.00	800.00
07/08/10	VANCOUVER EYE CARE 3200 Main Street Vancouver, WA 98663	Occupation		X	200.00	200.00
07/08/10	NORTH PINES CHIROPRACTIC PS 1301 N. Pines Road Spokane Valley, WA 99206	Occupation	X		100.00	100.00
07/08/10	JERRY LECLAIRE 2432 S. Napa St Spokane, WA 99203	Occupation	X		250.00	250.00
07/07/10	WASHINGTON ASSOCIATION OF 25817 NE 2nd Ct Sammamish, WA 98074	Occupation	X		800.00	800.00
	☒ Check here if additional pages are attached	Sub-total			2,200.00	
		Amount from attached pages			1,700.00	

*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. 3,900.00

4. Date of Deposit
07/09/10

Treasurer's Daytime Telephone No.: (509) 496-7459

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

Treasurer's Signature: Nancy J Rust
Date: 07-12-2010

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHN F DRISCOLL (Citizens for John Driscoll)

Deposit Date
07/09/10

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*
07/07/10	BARBARA SMIT 427 S. Bernard Spokane, WA 99204	Occupation	X		100.00	100.00
07/08/10	DANIEL SIMONSON 427 S. Bernard Spokane, WA 99204	Spokane Eye Surgery Center Spokane, WA Occupation NURSE ANESTHETIST	X		200.00	200.00
07/08/10	VALENTE CHIROPRACTIC PLLC 3017 E. Francis Ste 101 Spokane, WA 99208	Occupation	X		200.00	200.00
07/08/10	ROYBAL CHIROPRACTIC P.S. 1203 W. Francis Ave Spokane, WA 99205	Occupation	X		200.00	200.00
07/08/10	DAY CHIROPRACTIC CLINIC 2121 E. Sprague Spokane, WA 99202	Occupation	X		300.00	300.00
07/08/10	MARY PETERSON 3412 S. Jefferson Dr Spokane, WA 99203	Occupation	X		100.00	100.00
07/08/10	BRIAN SCHAEFFER 10323 N. Prairie Dr Spokane, WA 99208	Occupation	X		100.00	100.00
07/08/10	PEGGY ENDRES 3924 S. Eastgate Ct Spokane, WA 99203	Self Spokane, WA Occupation SELF	X		300.00	300.00
07/08/10	SPOKANE SPINE CENTER PC 12 E. Rowan Ave Ste 3 Spokane, WA 99207	Occupation	X		200.00	200.00
		Occupation				
		Occupation				

Page Total 1,700.00