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
100436664
11-03-2011

Candidate or Committee Name (Do not abbreviate. Use full name.)
RANDI BECKER (Friends to Elect Randi Becker)

Mailing Address
44106 14th Avenue East

City	Zip + 4	Office Sought (candidates)	Election Date
Eatonville, WA	98328	STATE SENATOR	2012

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
10/18/11	MEDCO HEALTH SOLUTIONS, INC. 100 Parsons Pond Dr. Franklin Lakes, NJ 07417	Occupation	X		700.00	700.00
10/18/11	GLAXOSMITHKLINE PAC Five Moore Drive, ResearchTrianglePark, NC 27709	Occupation	X		800.00	800.00
10/18/11	ELI LILLY & COMPANY Lilly Corporate Center Indianapolis, IN 46285	Occupation	X		800.00	800.00
10/18/11	UNITED HEALTHCARE SERVICES, PO Box 1459 MN008-W235 Minneapolis, MN 55440	Occupation	X		800.00	800.00
10/18/11	WA MEDICAL PAC 2033 Sixth Ave. Ste 1100 Seattle, WA 98121	Occupation	X		800.00	800.00
		Sub-total			3,900.00	
	☒ Check here if additional pages are attached	Amount from attached pages			800.00	

*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. 4,700.00

4. Date of Deposit
10/18/11

Treasurer's Daytime Telephone No.:

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

Treasurer's Signature

Date
11-03-2011

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
RANDI BECKER (Friends to Elect Randi Becker)

Deposit Date
10/18/11

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*
10/18/11	WA MEDICAL PAC 2033 Sixth Ave. Ste 1100 Seattle, WA 98121	Occupation		X	800.00	800.00
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Page Total 800.00