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
100577684
05-09-2014

Candidate or Committee Name (Do not abbreviate. Use full name.)
PAM ROACH (Citizen's for Pam Roach)

Mailing Address
P.O. Box 682

City	Zip + 4	Office Sought (candidates)	Election Date
Auburn, WA	98071	STATE SENATOR	2014

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
12/27/13	DELTA DENTAL P.O. Box 75688 Seattle, WA 98175	Occupation	X		900.00	900.00
12/27/13	ASURION P.O. Box 110656 Nashville, , TN 37222	Occupation	X		500.00	500.00
12/27/13	NORTHWEST SPORTFISHING P.O. Box 3236 Oregon City, , OR 97045	Occupation	X		500.00	500.00
		Occupation				
		Occupation				
	☐ Check here if additional pages are attached	Sub-total			1,900.00	
		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. 1,900.00

4. Date of Deposit
12/27/13

Treasurer's Daytime Telephone No.: (360)825-2400

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

Treasurer's Signature: Eileen Erickson

Date: 05-09-2014