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
100594635
08-01-2014

Candidate or Committee Name (Do not abbreviate. Use full name.)
LINDA L KOCHMAR (Citizens for Kochmar)

Mailing Address
P.O. Box 3676

| City | Zip + 4 | Office Sought (candidates) | Election Date |
|---|---|---|---|
| Federal Way, WA | 98023 | STATE REPRESENTATIVE | 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 |
|---|---|---|---|---|---|---|
| 07/17/14 | STEPHEN BALL<br>1717 S 324th St. Ste B<br>Federal Way, WA 98003 | Ball Chiropractic Center<br>Federal Way, WA<br>Occupation CHIROPRACTOR | X | | 100.00 | 200.00 |
| 07/17/14 | KRONLUND CHIROPRACTIC CLINIC<br>3820 South 320th<br>Auburn, WA 98001 | Occupation | X | | 100.00 | 100.00 |
| 07/17/14 | EDWARD YEE<br>720 122nd Ave. Ct. E<br>Edgewood, WA 98372 | ,<br>Occupation RETIRED | X | | 100.00 | 200.00 |
| 07/17/14 | DR. JAY M. BAKER<br>1806 122nd Ave. E.<br>Edgewood, WA 98372 | Occupation | X | | 100.00 | 100.00 |
| 07/17/14 | MICHAEL K KINNEAR DC<br>640 Vista Dr<br>Tacoma, WA 98465 | Occupation | X | | 100.00 | 100.00 |
| | ☒ Check here if additional pages are attached | Sub-total<br>Amount from attached pages | | | 500.00<br>1,050.00 | *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. 1,550.00

4. Date of Deposit
07/17/14

Treasurer's Daytime Telephone No.: (253)839-6989

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

Treasurer's Signature: Agnes L Davis

Date: 08-01-2014

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



Candidate or Committee Name (Do not abbreviate. Use full name.)
LINDA L KOCHMAR (Citizens for Kochmar)

Deposit Date
07/17/14

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* |
|---|---|---|---|---|---|---|
| 07/17/14 | WILLIAM J. STILLWELL, D.C.<br>31824 10th Pl. S.W.<br>Federal Way , WA 98023 | Occupation | X | | 100.00 | 100.00 |
| 07/17/14 | MING MING SU-BROWN, DC, LAC<br>3333 Shorecliff Dr NE<br>Tacoma, WA 98422 | Occupation | X | | 100.00 | 100.00 |
| 07/17/14 | LIFE AND HEALTH CHIROPRACTIC<br>34503 9th Ave. S. Ste. 320<br>Federal Way , WA 98003 | Occupation | X | | 250.00 | 250.00 |
| 07/17/14 | NORTHWEST CHIROPRACTIC CENTER,<br>34730 Pacific Highway South<br>Federal Way , WA 98003 | Occupation | X | | 100.00 | 100.00 |
| 07/17/14 | PACIFIC POWER/ROCKY MTN POWER<br>825 NE Multnomah<br>Portland, WA 97232 | Occupation | X | | 500.00 | 500.00 |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |

Page Total 1,050.00