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
100613794
11-12-2014

Candidate or Committee Name (Do not abbreviate. Use full name.)
KIRK PEARSON (Kirk Pearson for State Senate)

Mailing Address
105 Pearson Lane

City	Zip + 4	Office Sought (candidates)	Election Date
Monroe, WA	98272	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
10/31/14	HERB COURTNEY 10110 159th Avenue SE Snohomish, WA 98290	Occupation		X	50.00	50.00
10/31/14	TERESA COURTNEY 10110 159th Avenue SE Snohomish, WA 98290	Occupation		X	50.00	50.00
10/31/14	LYNETTE SUNDHOLM 11006 41st Avenue SE Everett, WA 98208	Occupation		X	100.00	100.00
10/31/14	VULCAN INC 505 Fifth Avenue South, Suite Seattle, WA 98104	Occupation		X	300.00	600.00
10/31/14	ALPINE VISION CLINIC 17432 Smokey Point Boulevard Arlington, WA 98223	Occupation		X	100.00	100.00
	☒ Check here if additional pages are attached	Sub-total			600.00	
		Amount from attached pages			100.00	*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. 700.00

4. Date of Deposit
10/31/14

Treasurer's Daytime Telephone No.: (918)504-4611

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

Treasurer's Signature	Date
Kaitlin Wynkoop	11-12-2014

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
KIRK PEARSON (Kirk Pearson for State Senate)

Deposit Date
10/31/14

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*
10/31/14	JIM SCHINDER 2901 Russet Road Brier, WA 98036	Occupation		X	100.00	100.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 100.00