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
100697372
05-29-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
BARBARA F BAILEY (Friends of Barbara Bailey)

Mailing Address
Box 374

City	Zip + 4	Office Sought (candidates)	Election Date
Oak Harbor, WA	98277	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		30.00
	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		
05/27/16	e. Small contributions $25.00 or less not itemized and number of persons giving 3 (persons)	62.50	

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
05/27/16	EDUCATION MANAGEMENT LLC 210 Sixth Ave - 33rd Floor Pittsburg, PA 15222	Occupation	X		500.00	1,000.00
05/27/16	EDUCATION MANAGEMENT LLC 210 Sixth Ave - 33rd Floor Pittsburg, PA 15222	Occupation		X	450.00	450.00
05/27/16	CAROL STONE 4540 N JONES RD OAK HARBOR, WA 98277-	Occupation	X		12.50	62.50
05/27/16	ROBERT EBERLE 9570 MCGLINN LACONNER, WA 98257-	Occupation	X		50.00	50.00
05/27/16	RICHARD DEVLIN 1174 SW KALAMA LOOP OAK HARBOR, WA 98277	Occupation	X		50.00	100.00
	☒ Check here if additional pages are attached	Sub-total			1,125.00	
		Amount from attached pages			50.00	*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. 1,175.00

4. Date of Deposit
05/27/16

Treasurer's Daytime Telephone No.: (360)240-0844

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

Treasurer's Signature: Bernis H Bailey

Date: 05-29-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
BARBARA F BAILEY (Friends of Barbara Bailey)

Deposit Date
05/27/16

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*
05/27/16	DIANE DEVLIN 1174 SW KALAMA LOOP OAK HARBOR, WA 98277	Self Oak Harbor, WA Occupation HOMEMAKER	X		50.00	200.00
		Occupation				
		Occupation				
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		Occupation				
		Occupation				

Page Total 50.00