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
100700067
06-09-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
DAVID J HAYES (Committee to Elect David Hayes)

Mailing Address
26910 92nd Ave NW, #C5 PMB 183

City	Zip + 4	Office Sought (candidates)	Election Date
Stanwood, WA	98292	STATE REPRESENTATIVE	2016

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
05/25/16	CAMERON LEADERSHIP CONSULTING 19745 E Hickox Rd Mount Vernon, WA 98274	Occupation	X		100.00	100.00
05/25/16	LESLIE A TRIPP 665 SCANDIA PK WAY CAMANO ISLAND, WA 98282	Leslie Tripp - State Farm Insurance Stanwood, WA Occupation INSURANCE AGENT	X		125.00	125.00
05/25/16	MIKE BOYLE 665 SCANDIA PK WAY CAMANO ISLAND, WA 98282	Camano Island Fire & Rescue Camano Island, WA Occupation FIREFIGHT	X		125.00	125.00
05/25/16	WILLIAM KINTNER 748 Vineyard Ln Camano Island, WA 98282	Occupation	X		50.00	50.00
05/25/16	SANDRA KINTNER 748 Vineyard Ln Camano Island, WA 98282	Occupation	X		50.00	50.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			450.00 250.00	*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
05/26/16

Treasurer's Daytime Telephone No.: (425)754-9875

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

Treasurer's Signature: Elizabeth M Hayes

Date: 06-09-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
DAVID J HAYES (Committee to Elect David Hayes)

Deposit Date
05/26/16

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*
05/26/16	ED SUDDOCK 14500 SE 85TH ST NEWCASTLE, WA 98059	Seattle Business Insurance Mercer Island, WA Occupation INSURANCE BROKER	X		125.00	125.00
05/26/16	KATHRYN SUDDOCK 14500 SE 85TH ST NEWCASTLE, WA 98059	, Occupation HOMEMAKER	X		125.00	125.00
		Occupation				
		Occupation				
		Occupation				
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		Occupation				
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		Occupation				

Page Total 250.00