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
100701898
06-13-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
CHAD L MAGENDANZ (Chad Magendanz for Senate)

Mailing Address
P.O. Box 1362

City	Zip + 4	Office Sought (candidates)	Election Date
Issaquah, WA	98027	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		10.00
	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		
06/03/16	e. Small contributions $25.00 or less not itemized and number of persons giving 2 (persons)	30.00	

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
06/03/16	LARUE NELSON 13314 NE 86TH PL. REDMOND, WA 98052	Occupation	X		50.00	100.00
06/03/16	NORTHWEST CARE 805 Front St. S. Issaquah, WA 98027	Occupation	X		500.00	800.00
06/03/16	STUART G OLES 2275 SE 43RD CT Issaquah, WA 98029	Occupation	X		50.00	50.00
06/03/16	CLAUS MUELLER 5343 232nd Ave SE Issaquah, WA 98029	Occupation	X		100.00	100.00
06/03/16	ELIZABETH MUELLER 5343 232nd Ave SE Issaquah, WA 98029	Occupation	X		100.00	100.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			830.00 100.00	*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. 930.00

4. Date of Deposit
06/06/16

Treasurer's Daytime Telephone No.: (425)246-8782

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

Treasurer's Signature	Date
Chad L Magendanz	06-13-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
CHAD L MAGENDANZ (Chad Magendanz for Senate)

Deposit Date
06/06/16

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*
06/03/16	DAVID MITCHELL 900 IDYLWOOD DR SW Issaquah, WA 98027	Occupation	X		50.00	50.00
06/03/16	BARBARA KLUGE 900 IDYLWOOD DR SW Issaquah, WA 98027	Occupation	X		50.00	50.00
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 100.00