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
100710079
07-24-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
Eileen Cody (Eileen Cody - Citizens To Re-Elect Eileen Cody)

Mailing Address
6714 38th Avenue Southwest

City	Zip + 4	Office Sought (candidates)	Election Date
Seattle, WA	98126	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
07/23/16	a. Anonymous	0.00	0.00
07/23/16	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)	0.00	0.00
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
07/23/16	e. Small contributions $25.00 or less not itemized and number of persons giving 0 (persons)	0.00	

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
07/19/16	Neil E Shiosaki 23403 Vashon Highway SW Vashon, WA 98070-7059	Occupation	X		50.00	50.00
07/19/16	WA State Nurses Association 575 Andover Park West #101 Tukwila, WA 98188	Occupation	X		500.00	500.00
07/19/16	Pacific NW Regional Council of 25120 Pacific Highway S Suite Kent, WA 98032-5436	Occupation	X		300.00	500.00
07/19/16	Homecare Assn of WA PAC PO Box 2016 Edmonds, WA 98020-9516	Occupation	X		200.00	200.00
07/19/16	WA Restaurant Assn PAC 510 Plum Street SE Suite 200 Olympia, WA 98501-1587	Occupation	X		250.00	500.00
	☒ Check here if additional pages are attached	Sub-total			1,300.00	
		Amount from attached pages			3,050.00	*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. 4,350.00

4. Date of Deposit
07/23/16

Treasurer's Daytime Telephone No.: (206)325-5013

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

Treasurer's Signature: Jason Bennett

Date: 07-24-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Eileen Cody (Eileen Cody - Citizens To Re-Elect Eileen Cody)

Deposit Date
07/23/16

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*
07/19/16	EviCore Healthcare 730 Cool Springs Boulevard Ste. Franklin, TN 37067	Occupation	X		500.00	500.00
07/19/16	Young's Market Company 14403 Franklin Avenue Tustin, CA 92780-7012	Occupation	X		1,000.00	1,000.00
07/19/16	Professional & Technical 2900 Eastlake Avenue E Suite Seattle, WA 98102-3012	Occupation	X		500.00	500.00
07/19/16	Cambia Health Solutions PO Box 1271 Portland, OR 97207-1271	Occupation	X		50.00	1,000.00
07/19/16	Cambia Health Solutions PO Box 1271 Portland, OR 97207-1271	Occupation		X	1,000.00	1,000.00
		Occupation				
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		Occupation				

Page Total 3,050.00