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
100710828
07-25-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

Mailing Address
PO BOX 957

City	Zip + 4	Office Sought (candidates)	Election Date
La Center, WA	98629	STATE SENATOR	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
07/22/16	WASHINGTON STATE COUNCIL 1069 Adams St. SE Olympia, WA 98501	Occupation	X		1,000.00	1,000.00
07/22/16	WEYERHAEUSER PO Box 9769 Federal Way, WA 98063	Occupation	X		50.00	1,000.00
07/22/16	WEYERHAEUSER PO Box 9769 Federal Way, WA 98063	Occupation		X	1,000.00	1,000.00
07/22/16	WASHINGTON SCHOOL PRINCIPALS PO Box 553 Olympia, WA 98507	Occupation	X		1,000.00	1,000.00
07/22/16	WHPAC 999 Third Avenue Suite 1400 Seattle, WA 98104	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			4,050.00	
		Amount from attached pages			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. 4,300.00

4. Date of Deposit
07/22/16

Treasurer's Daytime Telephone No.: (360)931-3403

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

Treasurer's Signature: Fred Rivers

Date: 07-25-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

Deposit Date
07/22/16

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*
07/22/16	UP RAILROAD COMPANY 1525 N River Street Portland, OR 97227	Occupation	X		250.00	250.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 250.00