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
100713124
08-01-2016

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
07/30/16	GEORGIA PACIFIC LLC PO Box 61270 Phoenix, AZ 85082	Occupation	X		500.00	1,000.00
07/30/16	PUYALLUP TRIBE OF INDIANS 3009 East Portland Avenue Tacoma, WA 98404	Occupation	X		1,000.00	1,000.00
07/30/16	FRESENIUS MANAGEMENT SERVICES, 3850 N. Causeway Blvd Suite Metairie, LA 70002	Occupation	X		250.00	250.00
07/30/16	WASHINGTON ASSOCIATION OF PO Box 719 Olympia, WA 98507	Occupation	X		1,000.00	1,000.00
07/30/16	HEARTLAND DENTAL, LLC 1200 Network Centre Dr Ste 2 Effingham, IL 62401	Occupation	X		500.00	500.00
		Sub-total			3,250.00	
	☒ Check here if additional pages are attached	Amount from attached pages			350.00	*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. 3,600.00

4. Date of Deposit
07/30/16

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: 08-01-2016

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
07/30/16

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*
07/30/16	SABEY CORPORATION 12201 Tukwila International Seattle, WA 98168	Occupation	X		250.00	1,000.00
07/30/16	SABEY CORPORATION 12201 Tukwila International Seattle, WA 98168	Occupation		X	100.00	1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				
		Occupation				
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		Occupation				

Page Total 350.00