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
100713588
08-01-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
KRISTINE M REEVES (Friends to Elect Kristine Reeves)

Mailing Address
PO BOX 24163

City	Zip + 4	Office Sought (candidates)	Election Date
Federal Way, WA	98093	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
07/08/16	WEA PAC PO Box 9100 Federal Way, WA 98063	Occupation	X		1,000.00	1,000.00
07/08/16	WEA PAC PO Box 9100 Federal Way, WA 98063	Occupation		X	1,000.00	1,000.00
07/08/16	PNWRCC SSF 25120 Pacific Hwy S, Suite 200 Kent, WA 98032	Occupation	X		200.00	200.00
07/08/16	SEIU HEALTHCARE 1199 NW PAC 15 S Grady Way, Ste 200 Renton, WA 98057	Occupation	X		1,000.00	1,000.00
07/08/16	30TH DISTRICT DEMOCRATIC PO Box 3258 Federal Way, WA 98063	Occupation	X		2,500.00	2,500.00
	☒ Check here if additional pages are attached	Sub-total			5,700.00	
		Amount from attached pages			50.00	*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. 5,750.00

4. Date of Deposit
07/10/16

Treasurer's Daytime Telephone No.: (206)249-3327

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

Treasurer's Signature: Camron A Schwarmann

Date: 08-01-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
KRISTINE M REEVES (Friends to Elect Kristine Reeves)

Deposit Date
07/10/16

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*
07/08/16	ROBERT DICKINSON 28700 34th Ave S Auburn, WA 98001	Occupation	X		50.00	50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 50.00