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
100713644
08-01-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
Laurie Jinkins (Friends of Laurie Jinkins)

Mailing Address
PO Box 2032

City	Zip + 4	Office Sought (candidates)	Election Date
Tacoma, WA	98401	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
07/29/16	ADMI PO Box 3009 Syracuse, NY 13220	, Occupation	X		500.00	500.00
07/29/16	Delta Dental of Washington PO Box 75688 Seattle, WA 98175	, Occupation	X		50.00	1,000.00
07/29/16	Delta Dental of Washington PO Box 75688 Seattle, WA 98175	, Occupation		X	1,000.00	1,000.00
07/29/16	Fresenius Management Services 3850 N Causeway Blvd Metairie, LA 70002	, Occupation	X		250.00	250.00
07/29/16	Puyallup Tribe of Indians 3009 E Portland Ave Tacoma, WA 98404	, Occupation	X		1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			2,800.00 500.00	*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. 3,300.00

4. Date of Deposit
08/01/16

Treasurer's Daytime Telephone No.: (253)653-1427

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

Treasurer's Signature: Melissa Pfeifer
Date: 08-01-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Laurie Jinkins (Friends of Laurie Jinkins)

Deposit Date
08/01/16

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*
07/29/16	Washbank PAC 1601 5th Ave Ste 1120 Seattle, WA 98101	, Occupation		X	450.00	450.00
07/29/16	Washbank PAC 1601 5th Ave Ste 1120 Seattle, WA 98101	, Occupation	X		50.00	1,000.00
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Page Total 500.00