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
100713681
08-01-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
LIZ S PIKE (Friends to Elect Liz Pike)

Mailing Address
PO Box 662

City	Zip + 4	Office Sought (candidates)	Election Date
Camas, WA	98607	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
08/01/16	GEORGIA PACIFIC PO Box 61270 Phoenix, AZ 85082	Occupation		X	1,000.00	1,000.00
08/01/16	SABEY CORPORATION 12201 TUKWILA INTERNATIONAL SEATTLE, WA 98168	Occupation		X	500.00	500.00
08/01/16	DAVID MACKAY 16001 SE Rivershore Dr. Vancouver, WA 98683	, Occupation RETIRED	X		150.00	150.00
08/01/16	TESORO COMPANIES 19100 RIDGEWAY PARKWAY SAN ANTONIO, TX 78259	Occupation	X		250.00	250.00
08/01/16	WASHINGTON ASSOCIATION OF PO BOX 719 OLYMPIA, WA 98507	Occupation	X		500.00	500.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			2,400.00 2,000.00	*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. 4,400.00

4. Date of Deposit
08/01/16

Treasurer's Daytime Telephone No.: (360)281-8720

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

Treasurer's Signature	Date
Liz S Pike	08-01-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
LIZ S PIKE (Friends to Elect Liz Pike)

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*
08/01/16	WASHINGTON HEALTH CARE 303 Cleveland Avenue SE, STE. Tumwater, WA 98501	Occupation	X		1,000.00	1,000.00
08/01/16	WASH BANK PAC STATE FUND 1601 5TH AVE. STE. 1120 SEATTLE, WA 98101	Occupation	X		1,000.00	1,000.00
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Page Total 2,000.00