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
100713716
08-01-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
LUANNE VANWERVEN (Friends of Luanne)

Mailing Address
PO Box 29964

City	Zip + 4	Office Sought (candidates)	Election Date
Bellingham, WA	98228	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		115.00
	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	SABEY CORPORATION 12201 TUKWILA INTERNATIONAL SEATTLE, WA 98618	Occupation	X		500.00	500.00
08/01/16	TESORO COMPANIES, INC 10200 W MARCH POINT DRIVE ANACORTES, WA 98221	Occupation	X		250.00	250.00
08/01/16	MARLENE NELSON POB 2547 Ferndale, WA 98248	Occupation	X		25.00	57.50
08/01/16	MICHAH DILTS PO BOX 901 LYNDEN, WA 98264	Occupation	X		100.00	100.00
08/01/16	WASHINGTON RESTAURANT ASSOC 510 Plum Street Olympia, WA 98501	Occupation	X		500.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			1,375.00	
		Amount from attached pages			1,100.00	

*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. 2,475.00

4. Date of Deposit
08/01/16

Treasurer's Daytime Telephone No.: (360)201-3334

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

Treasurer's Signature: Sam Crawford
Date: 08-01-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
LUANNE VANWERVEN (Friends of Luanne)

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	LEO BELD 435 E Wiser Lake Rd Lynden, WA 98264	, Occupation RETIRED	X		100.00	200.00
08/01/16	HARRY SMITH 3884 FORT BELLINGHAM RD BELLINGHAM, WA 98225	SMITH GARDENS BELLINGHAM, WA Occupation OWNER	X		500.00	500.00
08/01/16	CAROLYN SMITH 3884 FORT BELLINGHAM RD BELLINGHAM, WA 98225	SMITH GARDENS BELLINGHAM, WA Occupation OWNER	X		500.00	500.00
		Occupation				
		Occupation				
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		Occupation				
		Occupation				

Page Total 1,100.00