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
100713873
08-02-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARK D HARGROVE (Hargrove for House)

Mailing Address
PO Box 7341

City	Zip + 4	Office Sought (candidates)	Election Date
Covington, WA	98042	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		6.50
	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
07/31/16	WASHINGTON HEALTH CARE ASSOC 303 CLEVELAND AVE SE SUITE 206 TUMWATER, WA 98501	Occupation	X		1,000.00	1,000.00
07/31/16	WASHINGTON BANKERS ASSOCIATION 1601 5th Ave Suite 1120 SEATTLE, WA 98101	Occupation	X		50.00	1,000.00
07/31/16	WASHINGTON BANKERS ASSOCIATION 1601 5th Ave Suite 1120 SEATTLE, WA 98101	Occupation		X	1,000.00	1,000.00
07/31/16	THE BOEING COMPANY 929 Long Bridge Dr Arlington, VA 22202	Occupation	X		50.00	1,000.00
07/31/16	THE BOEING COMPANY 929 Long Bridge Dr Arlington, VA 22202	Occupation		X	950.00	950.00
	☒ Check here if additional pages are attached	Sub-total			3,050.00	
		Amount from attached pages			750.00	

*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. 3,800.00

4. Date of Deposit
08/01/16

Treasurer's Daytime Telephone No.: (253)632-0746

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

Treasurer's Signature: Sandy Hargrove

Date: 08-02-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARK D HARGROVE (Hargrove for House)

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*
07/31/16	DELTA DENTAL OF WASHINGTON PO BOX 75688 SEATTLE, WA 98175	Occupation	X		500.00	1,000.00
07/31/16	RICHARD GREEN 20730 SE 293RD ST KENT, WA 98042	, Occupation RETIRED	X		125.00	125.00
07/31/16	JEAN GREEN 20730 SE 293RD ST KENT, WA 98042	, Occupation RETIRED	X		125.00	125.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 750.00