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
100713982
08-02-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
PAUL L HARRIS (Paul Harris Campaign 2016)

Mailing Address
1916 SE 130th Avenue

City	Zip + 4	Office Sought (candidates)	Election Date
Vancouver, WA	98683	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	CREDIT UNION LEGISLATIVE 18000 International Blvd #350 SeaTac, WA 98188	Occupation	X		1,000.00	1,000.00
08/01/16	CREDIT UNION LEGISLATIVE 18000 International Blvd #350 SeaTac, WA 98188	Occupation		X	1,000.00	1,000.00
08/01/16	WASHINGTON BEVERAGE 2210 Black Lake Blvd SW Olympia, WA 98512	Occupation	X		50.00	1,000.00
08/01/16	WASHINGTON BEVERAGE 2210 Black Lake Blvd SW Olympia, WA 98512	Occupation		X	1,000.00	1,000.00
08/01/16	MOLINA HEALTHCARE INC 200 Oceangate, 6th Floor Long Beach, CA 90802	Occupation	X		50.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			3,100.00	
		Amount from attached pages			1,950.00	

*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. 5,050.00

4. Date of Deposit
08/01/16

Treasurer's Daytime Telephone No.: (360)903-1579

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

Treasurer's Signature: Lori M Harris

Date: 08-02-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
PAUL L HARRIS (Paul Harris Campaign 2016)

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	MOLINA HEALTHCARE INC 200 Oceangate, 6th Floor Long Beach, CA 90802	Occupation		X	1,000.00	1,000.00
08/01/16	NATIONAL ASSOCIATION OF CHAIN 1776 Wilson Blvd, Suite 200 Arlington, VA 22209	Occupation	X		500.00	1,000.00
08/01/16	TESORO COMPANIES, INC 10200 West March Point Road Anacortes, WA 98221	Occupation	X		250.00	250.00
08/01/16	WASHINGTON STATE PODIATRIC 2150 N 107th St Ste 205 Seattle, WA 98133	Occupation	X		200.00	200.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 1,950.00