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
100713985
08-02-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
BARBARA F BAILEY (Friends of Barbara Bailey)

Mailing Address
Box 374

City	Zip + 4	Office Sought (candidates)	Election Date
Oak Harbor, WA	98277	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		30.00
	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	TESORO COMPANIES, INC. 19100 RIDGEWOOD PARKWAY SAN ANTONIO, TX 78259	Occupation	X		250.00	1,000.00
08/01/16	TESORO COMPANIES, INC. 19100 RIDGEWOOD PARKWAY SAN ANTONIO, TX 78259	Occupation		X	250.00	250.00
08/01/16	MICROSOFT CORPORATION PAC 16011 NE 36TH WAY REDMOND, WA 98073	Occupation	X		50.00	1,000.00
08/01/16	MICROSOFT CORPORATION PAC 16011 NE 36TH WAY REDMOND, WA 98073	Occupation		X	550.00	1,000.00
08/01/16	SMILE BRANDS INC 100 Spectrum Center Dr, Ste Irvine, CA 92618	Occupation	X		500.00	500.00
	☒ Check here if additional pages are attached	Sub-total			1,600.00	
		Amount from attached pages			3,500.00	*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. 5,100.00

4. Date of Deposit
08/01/16

Treasurer's Daytime Telephone No.: (360)240-0844

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

Treasurer's Signature: Bernis H Bailey

Date: 08-02-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
BARBARA F BAILEY (Friends of Barbara Bailey)

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	NATIONAL ASSOCIATION OF CHAIN 130 18th Avenue SE Olympia, WA 98501	Occupation	X		500.00	900.00
08/01/16	CITIZENS ALLIANCE FOR PO BOX 11025 OLYMPIA, WA 98508	Occupation		X	1,000.00	1,000.00
08/01/16	NWGA WA PAC 8565 SW Salish Ln, Ste 100 Wilsonville, OR 97070	Occupation	X		1,000.00	1,000.00
08/01/16	MOLINA HEALTHCARE, INC. PO BOX 1469 BOTHELL, WA 98041	Occupation	X		1,000.00	1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 3,500.00