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
100714899
08-08-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHNNY R LOVICK (Committee for John Lovick)

Mailing Address
2403 157th Place SE

City	Zip + 4	Office Sought (candidates)	Election Date
Mill Creek, WA	98012	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
07/27/16	PUYALLUP TRIBE OF INDIANS 3009 EAST PORTLAND AVENUE TACOMA, WA 98404	Occupation	X		500.00	500.00
05/19/16	NATIONAL ASSOCIATION OF CHAIN 1776 WILSON BLVD, STE 200 ARLINGTON, VA 22209	Occupation	X		500.00	500.00
07/29/16	ISLAND PAC 119 1ST AVE S STE 320 SEATTLE, WA 98104-3424	Occupation	X		500.00	500.00
07/27/16	DOROTHY PERKINS PO BOX 330483 HOUSTON, TX 77233	RETIRED HOUSTON, TX Occupation RETIRED	X		200.00	800.00
07/29/16	SUSTAINABLE FUTURE PAC PO BOX 66236 SEATTLE, WA 98166-0235	Occupation	X		1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			2,700.00	
		Amount from attached pages			240.00	*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. 2,940.00

4. Date of Deposit
08/29/16

Treasurer's Daytime Telephone No.: (425)328-4990

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

Treasurer's Signature: Sabrina Combs

Date: 08-08-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHNNY R LOVICK (Committee for John Lovick)

Deposit Date
08/29/16

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*
07/24/16	IAFF LOCAL 3235 LAKE STEVENS PO BOX 218 LAKE STEVENS, WA 98258	Occupation	X		240.00	240.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 240.00