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
100714913
08-08-2016

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
08/03/16	WASHINGTON STATE PODIATRIC MED 1310 SOUTH UNION AVE. STE. TACOMA, WA 98405	Occupation		X	200.00	200.00
08/03/16	GEORGE PENWELL 15341 STATE ROUTE 20 COUPEVILLE, WA 98239	Occupation		X	50.00	50.00
08/03/16	INGER PENWELL 15341 STATE ROUTE 20 COUPEVILLE, WA 98239	Occupation		X	50.00	50.00
		Occupation				
		Occupation				
	☐ Check here if additional pages are attached	Sub-total			300.00	
		Amount from attached pages			0.00	*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. 300.00

4. Date of Deposit
08/03/16

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: 08-08-2016