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
100714959
08-08-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
June Robinson (Citizens For June Robinson)

Mailing Address
616 Wetmore Avenue

| City | Zip + 4 | Office Sought (candidates) | Election Date |
|---|---|---|---|
| Everett, WA | 98201 | STATE REPRESENTATIVE | 2016 |

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

| Date Received | | Amount | Total |
|---|---|---|---|
| 08/06/16 | a. Anonymous | 0.00 | 80.00 |
| 08/06/16 | b. Candidate's personal funds deposited in the bank (include candidate loans in 1c) | 0.00 | 0.00 |
| | c. Loans, notes, security agreements. Attach Schedule L | | |
| | d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation | | |
| 08/06/16 | e. Small contributions $25.00 or less not itemized and number of persons giving 0 (persons) | 0.00 | |

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 |
|---|---|---|---|---|---|---|
| 08/02/16 | Pacific Dental Services Inc<br>17000 Red Hill Avenue<br>Irvine, CA 92614 | Occupation | X | | 250.00 | 250.00 |
| 08/02/16 | Molina Health Care Inc<br>200 Oceangate<br>Long Beach, CA 90802 | Occupation | X | | 1,000.00 | 1,000.00 |
| 08/02/16 | Tulalip Tribes of Washington<br>6406 Marine Drive<br>Tulalip, WA 98271 | Occupation | X | | 1,000.00 | 1,000.00 |
| 08/02/16 | Dennis Davaz<br>1550 Rainier Avenue South #208<br>Seattle, WA 98144 | Boeing<br>,<br>Occupation Quality investigator | X | | 250.00 | 250.00 |
| 08/02/16 | Judith Prince<br>103 79th Place Southeast<br>Everett, WA 98203 | Occupation | X | | 100.00 | 100.00 |
| | | | | Sub-total | 2,600.00 | |
| | ☒ Check here if additional pages are attached | | | Amount from attached pages | 300.00 | *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. 2,900.00

4. Date of Deposit
08/06/16

Treasurer's Daytime Telephone No.: (206) 718-8600

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

| Treasurer's Signature | Date |
|---|---|
| Jason Bennett | 08-08-2016 |

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)



Candidate or Committee Name (Do not abbreviate. Use full name.)
June Robinson (Citizens For June Robinson)

Deposit Date
08/06/16

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* |
|---|---|---|---|---|---|---|
| 08/02/16 | WA Federation Of State<br>1212 Jefferson St SE Suite 300<br>Olympia, WA 98501 | Occupation | X | | 300.00 | 700.00 |
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Page Total 300.00