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
100714982
08-08-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
Lillian Ortiz-Self (Friends of Lillian Ortiz-Self)

Mailing Address
PO Box 581

City	Zip + 4	Office Sought (candidates)	Election Date
Mukilteo, WA	98275	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
08/05/16	a. Anonymous	0.00	0.00
08/05/16	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		
08/05/16	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	WASHBANK PAC 1601 5th Avenue Suite 1120 Seattle, WA 98101	Occupation	X		250.00	250.00
08/02/16	Klein Honda 10611 Evergreen Way S. Everett, WA 98204	Occupation	X		500.00	500.00
08/02/16	WA State Auto Dealers PAC 621 SW Grady Way Renton, WA 98057	Occupation	X		500.00	500.00
08/02/16	Sprinkler Fitters & 2800 1st Avenue Room 111 Seattle, WA 98121	Occupation	X		500.00	500.00
08/02/16	Puyallup Tribe Of Indians 3009 East Portland Avenue Tacoma, WA 98404	Occupation	X		500.00	500.00
	☒ Check here if additional pages are attached	Sub-total			2,250.00	
		Amount from attached pages			1,500.00	

*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. 3,750.00

4. Date of Deposit
08/05/16

Treasurer's Daytime Telephone No.:

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

Treasurer's Signature: Jason Bennett

Date: 08-08-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Lillian Ortiz-Self (Friends of Lillian Ortiz-Self)

Deposit Date
08/05/16

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	Public School Employees Of PO Box 798 Auburn, WA 98071	Occupation	X		500.00	500.00
08/02/16	Molina Healthcare, Inc. 200 Oceangate, 6th Floor Long Beach, CA 90802	Occupation	X		1,000.00	1,000.00
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Page Total 1,500.00