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
100715739
08-15-2016

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		
08/12/16	e. Small contributions $25.00 or less not itemized and number of persons giving 2 (persons)	50.00	

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
08/12/16	WASHINGTON INDEPENDENT PO Box 2473 Olympia, WA 98507	Occupation		X	1,000.00	1,000.00
08/12/16	K&L GATES CONTINUING PAC 925 4TH AVE. STE. 2900 SEATTLE, WA 98104	Occupation		X	300.00	300.00
08/12/16	PROLIANCE SURGEONS, INC. 720 OLIVE WAY STE. 1505 SEATTLE, WA 98101	Occupation		X	500.00	500.00
08/12/16	WANDA GRONE 2876 Doc Savage Dr Langley, WA 98260	Occupation		X	50.00	50.00
08/12/16	DAVID HIESTAND 3713 SARATOGA RD. LANGLEY, WA 98260	Occupation		X	50.00	50.00
	☒ Check here if additional pages are attached	Sub-total			1,950.00	
		Amount from attached pages			50.00	*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. 2,000.00

4. Date of Deposit
08/12/16

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: 08-15-2016

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
08/12/16

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*
08/12/16	MARY J HIESTAND 3713 SARATOGA RD. LANGLEY, WA 98260	Occupation		X	50.00	50.00
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 50.00