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
100716116
08-17-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
CHAD L MAGENDANZ (Chad Magendanz for Senate)

Mailing Address
P.O. Box 1362

City	Zip + 4	Office Sought (candidates)	Election Date
Issaquah, WA	98027	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		10.00
	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
08/17/16	CROWN DISTRIBUTING 17117 59th Ave. NE Arlington, WA 98223-4750	Occupation		X	500.00	500.00
08/17/16	ALLIANCE OF AUTOMOBILE 803 7th Street NW, Suite 300 Washington, DC 20001	Occupation		X	250.00	250.00
08/17/16	JAMI LUND 160 Wakefield Dr Centralia, WA 98531	Occupation		X	50.00	50.00
08/17/16	BRUCE G HAND 2639 82nd Ave. NE Medina, WA 98039-1507	, Occupation RETIRED		X	500.00	500.00
08/17/16	TERRY MEYER 24956 SE 155TH PL ISSAQUAH, WA 98027	Occupation		X	50.00	50.00
	☒ Check here if additional pages are attached	Sub-total			1,350.00	
		Amount from attached pages			1,000.00	*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. 2,350.00

4. Date of Deposit
08/17/16

Treasurer's Daytime Telephone No.: (360)556-2277

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

Treasurer's Signature: Geoffrey S Morse
Date: 08-17-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
CHAD L MAGENDANZ (Chad Magendanz for Senate)

Deposit Date
08/17/16

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*
08/17/16	JOHN J HENNESSY 3532 207th Ave. SE Sammamish, WA 98075	, WA Occupation RETIRED		X	500.00	500.00
08/17/16	KATHERINE O HENNESSY 3532 207th Ave. SE Sammamish, WA 98075	, Occupation RETIRED		X	500.00	500.00
		Occupation				
		Occupation				
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		Occupation				
		Occupation				

Page Total 1,000.00