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
100716474
08-22-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
Lisa Z Wellman (Friends of Lisa Wellman)

Mailing Address
PO Box 1725

City	Zip + 4	Office Sought (candidates)	Election Date
Mercer Island, WA	98040	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous	0.00	50.00
	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	Jane L Habegger 8845 Adams Ln NW Olympia, WA 98502-9644	, Occupation		X	100.00	100.00
08/17/16	MH PAC PO Box 30087 Seattle, WA 98113-2087	, Occupation		X	500.00	500.00
08/17/16	National Women's Political PO Box 94442 Seattle, WA 98124-6742	, Occupation		X	1,000.00	1,000.00
08/17/16	Operating Engineers Local 609 2800 1st Ave, Ste 311 Seattle, WA 98121-1114	, Occupation		X	100.00	100.00
08/17/16	Professional & Technical 2900 Eastlake Ave E, Ste 300 Seattle, WA 98102-3012	, Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			2,700.00	
		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. 2,750.00

4. Date of Deposit
08/19/16

Treasurer's Daytime Telephone No.: (206)682-7328

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

Treasurer's Signature: Suzanne Naughton

Date: 08-22-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Lisa Z Wellman (Friends of Lisa Wellman)

Deposit Date
08/19/16

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	Alice Smith 8526 SE 79th Pl Mercer Island, WA 98040-5716	, Occupation		X	50.00	50.00
		Occupation				
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Page Total 50.00