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
100716719
08-22-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

Mailing Address
PO BOX 957

City	Zip + 4	Office Sought (candidates)	Election Date
La Center, WA	98629	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	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
08/19/16	GLAXOSMITHKLINE 5 Crescent Dr. Philadelphia, PA 19112	Occupation		X	1,000.00	1,000.00
08/19/16	WA BROADBAND ASSOCIATION 216 1st Avenue Seattle, WA 98104	Occupation		X	1,000.00	1,000.00
08/19/16	CARDINAL HEALTH INC. 7000 Cardinal Place Dublin, OH 43017	Occupation		X	500.00	500.00
08/19/16	BOEHRINGER INGELHEIM USA 900 Ridgebury Road Ridgefield , CT 06877	Occupation		X	500.00	500.00
08/19/16	REPUBLIC SERVICES 54 S Dawson Street Seattle, WA 98134	Occupation		X	250.00	250.00
	☒ Check here if additional pages are attached	Sub-total			3,250.00	
		Amount from attached pages			4,200.00	

*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. 7,450.00

4. Date of Deposit
08/19/16

Treasurer's Daytime Telephone No.: (360)931-3403

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

Treasurer's Signature: Fred Rivers
Date: 08-22-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

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*
08/19/16	MOLINA HEALTHCARE 200 Oceangate Long Beach, CA 90802	Occupation		X	1,000.00	1,000.00
08/19/16	MCKESSON CORPORATION 1220 Senlac Drive Carrollton , TX 75006	Occupation		X	500.00	500.00
08/19/16	WASHINGTON WHOLESALE DRUGGISTS 7000 Cardinal Place Dublin, OH 43017	Occupation		X	500.00	500.00
08/19/16	AMERISOURCEBERGEN SERVICES PO Box 247 Thorofare, NJ 08086	Occupation		X	500.00	500.00
08/19/16	WALGREENS 104 Wilmot Road Deerfield, IL 60015	Occupation		X	500.00	500.00
08/19/16	WASHINGTON FOREST PROECTION 724 Columbia Street NW Suite Olympia, WA 98501	Occupation		X	500.00	750.00
08/19/16	RESCARE 9901 Linn Station Road Louisville, KY 40223	Occupation		X	250.00	250.00
08/19/16	LESLIE EMERICK 4022 Rechet Court SE Olympia, WA 98501	Occupation		X	100.00	100.00
08/19/16	OSCAR VALESCO 15029 Aurora Avenue N Shoreline, WA 98133	Dockside Cannabis Shorelien, WA Occupation OWNER		X	350.00	350.00
		Occupation				
		Occupation				

Page Total 4,200.00