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
100718437
09-05-2016

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		
09/02/16	e. Small contributions $25.00 or less not itemized and number of persons giving 1 (persons)	25.00	

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
09/02/16	NOVARTIS ONE HEALTH PLAZA EAST HANOVER, NJ 07936	Occupation		X	500.00	550.00
09/02/16	TAKEDA 8225 - 65TH AVE. E PUYALLUP, WA 98371	Occupation		X	500.00	500.00
09/02/16	JAMES ADSLEY 3280 SARATOGA RD LANGLEY, WA 98260	Retired Langley, WA Occupation RETIRED		X	100.00	100.00
09/02/16	IRON MOUNTAIN QUARRY LLC 22121 - 17th Ave SE, Ste 117 Bothell, WA 98021	Occupation		X	500.00	500.00
09/02/16	WILLIAM SWANSON 18514 SWANSON LANE STANWOOD, WA 98292	Occupation		X	75.00	75.00
	☒ Check here if additional pages are attached	Sub-total			1,700.00	
		Amount from attached pages			75.00	*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. 1,775.00

4. Date of Deposit
09/02/16

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: 09-05-2016

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
09/02/16

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*
09/02/16	REBECCA SWANSON 18514 SWANSON LANE STANWOOD, WA 98292	Occupation		X	75.00	75.00
		Occupation				
		Occupation				
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		Occupation				
		Occupation				

Page Total 75.00