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
100719059
09-07-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
RUTH L KAGI (Citizens for Ruth Kagi)

Mailing Address
13504 8th Avenue NW

City	Zip + 4	Office Sought (candidates)	Election Date
Seattle, WA	98177	STATE REPRESENTATIVE	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
09/05/16	PATRICIA YEAGER 12505 Greenwood Avenue N, Seattle, WA 98133	Occupation		X	30.00	30.00
09/05/16	EMPLOYMENT FOR ALL 3595 53rd Street SE Auburn, WA 98029	Occupation		X	100.00	100.00
09/05/16	WA ASSOCIATION OF VEHICLE P.O. Box 625 Bothell, WA 98041	Occupation		X	500.00	500.00
09/05/16	PUGET SOUND PILOTS P.O. Box 2042 Seattle, WA 98111	Occupation		X	250.00	250.00
09/05/16	SANDRA WOOD 9730 48th Avenue NE Seattle, WA 98115	Occupation		X	20.00	20.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			900.00 100.00	*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. 1,000.00

4. Date of Deposit
09/05/16

Treasurer's Daytime Telephone No.: (206)295-2766

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

Treasurer's Signature: Cathy L Scott

Date: 09-07-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
RUTH L KAGI (Citizens for Ruth Kagi)

Deposit Date
09/05/16

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*
09/05/16	JOHN PRICE 116 Fairview Avenue N, #502 Seattle, WA 98109	Occupation		X	50.00	50.00
09/05/16	SUZANNE PRICE 116 Fairview Avenue N, #502 Seattle, WA 98109	Occupation		X	50.00	50.00
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Page Total 100.00