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
100722746
09-26-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
CAROLYN EDMONDS (Friends of Carolyn Edmonds)

Mailing Address
4714 Fairwood Blvd NE, Unit 1702

City	Zip + 4	Office Sought (candidates)	Election Date
Tacoma, WA	98422	COUNTY COUNCIL MEMBER	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		115.00
	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
09/24/16	KRISTINA WALKER 801 S Puget Sound Ave Tacoma, WA 98405	Occupation		X	50.00	50.00
09/24/16	RYAN MELLO P O Box 364 Tacoma, WA 98401	Occupation		X	100.00	100.00
09/24/16	JACOB FEY 1406 Browns Point Bv NE Tacoma, WA 98403	Washington State University Olympia, WA Occupation ENERGY DIRECTOR		X	100.00	100.00
09/24/16	ART WANG 2402 N 31st Street, Apt A Tacoma, WA 98407	, Occupation NONE		X	100.00	100.00
09/24/16	WASHINGTON CONSERVATION VOTERS 5TH AVE SEATTLE, WA 98401	Occupation		X	250.00	250.00
	☒ Check here if additional pages are attached	Sub-total			600.00	
		Amount from attached pages			900.00	*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. 1,500.00

4. Date of Deposit
09/24/16

Treasurer's Daytime Telephone No.: (253)942-9998

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

Treasurer's Signature: Lorainne Criss
Date: 09-26-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
CAROLYN EDMONDS (Friends of Carolyn Edmonds)

Deposit Date
09/24/16

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*
09/24/16	UFCW 6403 LAKEWOOD DRIVE WEST LAKEWOOD, WA 98467	Occupation		X	500.00	500.00
09/24/16	JANET THIESSEN 3421 N 29th Street Tacoma, WA 98407-6250	, Occupation RETIRED		X	100.00	100.00
09/24/16	SHIRLEY DURGAN 4714 FAIRWOOD BLVD NE uNIT 1102 TACOMA, WA 98422	Occupation		X	100.00	100.00
09/24/16	BLISS MOORE 6116 N PARK AVE TACOMA, WA 98407	Occupation		X	100.00	100.00
09/24/16	DIANE REGALA 1802 N PUGET SOUND AVE TACOMA, WA 98406	Occupation		X	100.00	100.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 900.00