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
100722756
09-26-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARI L KRUGER LEAVITT (Friends of Mari Leavitt)

Mailing Address
PO Box 65195

City	Zip + 4	Office Sought (candidates)	Election Date
Tacoma, WA	98466	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
09/22/16	UFCW 21 PAC 5030 1st Ave S Ste 200 Seattle, WA 98134	Occupation		X	1,000.00	1,000.00
09/22/16	SUQUAMISH INDIAN TRIBE PO Box 767 Suquamish, WA 98392	Occupation		X	500.00	500.00
09/22/16	KENT FIREFIGHTER'S SSF PO Box 954 Kent, WA 98035	Occupation		X	1,000.00	1,000.00
09/22/16	RPEC-PAC 3230 14th Ave NW Ste B Olympia, WA 98502	Occupation		X	1,000.00	1,000.00
09/22/16	STEPHEN BECK 1306 14th Ave Fox Island, WA 98333	Fircrest Dentistry Fox Island, WA Occupation DENTIST		X	300.00	300.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			3,800.00 1,000.00	*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. 4,800.00

4. Date of Deposit
09/23/16

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: 09-26-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARI L KRUGER LEAVITT (Friends of Mari Leavitt)

Deposit Date
09/23/16

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*
09/22/16	IUPAT 7234 Parkway Dr Hanover, MD 21076	Occupation		X	1,000.00	1,000.00
		Occupation				
		Occupation				
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		Occupation				
		Occupation				
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		Occupation				

Page Total 1,000.00