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
100722829
09-26-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
TIM PROBST (Tim Probst)

Mailing Address
PO Box 87936

City	Zip + 4	Office Sought (candidates)	Election Date
Vancouver, WA	98687	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		
09/21/16	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
09/21/16	WA MACHINISTS COUNCIL 9125 15th Place South Seattle, WA 98108	Occupation		X	1,000.00	1,000.00
09/21/16	LABORERS INTL OF NORTH AMERICA 1330 N Calispel st Spokane, WA 99201	Occupation		X	400.00	400.00
09/21/16	JIM ERICSON 9405 NE 84TH CT VANCOUVER, WA 98662	Occupation		X	100.00	100.00
09/21/16	MARK TORRANCE 712 N 34th St, Ste 200 Seattle, WA 98103	, Occupation RETIRED		X	1,000.00	1,000.00
09/21/16	PEOPLE FOR DEREK KILMER PO Box 1381 Tacoma, WA 98402	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			3,525.00 100.00	*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. 3,625.00

4. Date of Deposit
09/21/16

Treasurer's Daytime Telephone No.: (360)609-3527

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

Treasurer's Signature	Date
Marsha Manning	09-26-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
TIM PROBST (Tim Probst)

Deposit Date
09/21/16

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*
09/21/16	MIKE KELLY 10873 Bill Point Circle NE Bainbridge Island, WA 98110	Occupation		X	100.00	100.00
		Occupation				
		Occupation				
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		Occupation				
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		Occupation				

Page Total 100.00