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
100722854
09-26-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
Frank V Chopp (Frank Chopp - Citizens For Frank Chopp)

Mailing Address
4130 1st Ave S., Suite D

City	Zip + 4	Office Sought (candidates)	Election Date
Seattle, WA	98134	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
09/20/16	a. Anonymous	0.00	0.00
09/20/16	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)	0.00	0.00
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
09/20/16	e. Small contributions $25.00 or less not itemized and number of persons giving 0 (persons)	0.00	

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
09/20/16	Our Patients Come First PAC 3760 Squalicum Lake Road Bellingham, WA 98226-8624	Occupation		X	1,000.00	1,000.00
09/20/16	Nucor PAC of WA 2424 Southwest Andover Street Seattle, WA 98106	Occupation		X	1,000.00	1,000.00
09/20/16	Brotherhood of Locomotive 7061 East Pleasant Valley Road Independence, OH 44131	Occupation		X	1,000.00	1,000.00
09/20/16	Physicians Eyepac 2001 6th Avenue Suite 2700 Seattle, WA 98121	Occupation		X	1,000.00	1,000.00
09/20/16	ResCare Inc 9901 Linn Station Road Louisville, KY 40223	Occupation		X	250.00	250.00
	☒ Check here if additional pages are attached	Sub-total			4,250.00	
		Amount from attached pages			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. 5,250.00

4. Date of Deposit
09/20/16

Treasurer's Daytime Telephone No.: (206)426-0085

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

Treasurer's Signature	Date
Jason Bennett	09-26-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Frank V Chopp (Frank Chopp - Citizens For Frank Chopp)

Deposit Date
09/20/16

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*
09/20/16	Hampton Affiliates 9600 SW Barnes Road, Suite 200 Portland, OR 97225-6666	Occupation		X	1,000.00	1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 1,000.00