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
100722876
09-26-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
MICHELLE D CALDIER (Michelle Downey Caldier for State Representative)

Mailing Address
PO Box 1710

City	Zip + 4	Office Sought (candidates)	Election Date
Port Orchard, WA	98366	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	WASHINGTON BEER & WINE PO Box 86 Olympia, WA 98507	Occupation		X	250.00	250.00
09/22/16	WSVMA-PAC 8024 Bracken Pl SE Snoqualmie, WA 98065	Occupation		X	500.00	500.00
09/22/16	T-MOBILE USA, INC. 12920 SE 38th St Bellevue, WA 98006	Occupation		X	500.00	500.00
09/22/16	HOWARD BARTON 7216 Ford Dr NW Gig Harbor, WA 98335	Occupation		X	25.00	25.00
09/22/16	DOROTHY BARTON 7216 Ford Dr NW Gig Harbor, WA 98335	Occupation		X	25.00	25.00
	☒ Check here if additional pages are attached	Sub-total			1,300.00	
		Amount from attached pages			1,550.00	

*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. 2,850.00

4. Date of Deposit
09/22/16

Treasurer's Daytime Telephone No.: (253)988-2455

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

Treasurer's Signature: Tom Perry

Date: 09-26-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
MICHELLE D CALDIER (Michelle Downey Caldier for State Representative)

Deposit Date
09/22/16

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	WASHINGTON DENTURISTS POLITICAL 2710 Meridian St Bellingham, WA 98225	Occupation		X	300.00	300.00
09/21/16	VETTER DENTAL GROUP 1808 State Ave NE Olympia, WA 98506	Occupation		X	300.00	300.00
09/21/16	JEFFREY HAMILTON 1800 Cooper Point Rd SW Bldg 23 Olympia, WA 98502	Self Employed Olympia, WA Occupation DENTIST		X	250.00	250.00
09/21/16	JEANINE NORDINE 1701 Rockville Rd Fairfield, CA 94534	Self Employed Fairfield, CA Occupation DENTIST		X	300.00	300.00
09/21/16	MICHAEL MCDONALD 6335 Tamoshan Dr NW Olympia, WA 98502	Self Employed Olympia, WA Occupation DENTIST		X	250.00	250.00
09/21/16	GREGORY CEBULLA 2373 Tokeland Rd Tokeland, WA 98590	Self Employed Tokeland, WA Occupation DENTIST		X	150.00	150.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 1,550.00