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
100723580
10-02-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
June Robinson (Citizens For June Robinson)

Mailing Address
616 Wetmore Avenue

City	Zip + 4	Office Sought (candidates)	Election Date
Everett, WA	98201	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
09/30/16	a. Anonymous	0.00	80.00
09/30/16	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		
09/30/16	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
09/26/16	WA Denturists PAC 2710 Meridian Street Bellingham, WA 98225	Occupation		X	300.00	300.00
09/26/16	WA Health Care Association 303 Cleveland Avenue Southeast Tumwater, WA 98501	Occupation		X	1,000.00	1,000.00
09/26/16	ATU Legislative Council of WA 1155 North State Street Suite Bellingham, WA 98225	Occupation		X	1,000.00	1,000.00
09/26/16	Our Patients Come First PAc 3760 Squalicum Lake Road Bellingham, WA 98226	Occupation		X	500.00	500.00
09/26/16	Physicians EyePAC 2001 6th Avenue Suite 2700 Seattle, WA 98121	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			3,800.00	
		Amount from attached pages			250.00	*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. 4,050.00

4. Date of Deposit
09/30/16

Treasurer's Daytime Telephone No.: (206) 718-8600

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

Treasurer's Signature: Jason Bennett

Date: 10-02-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
June Robinson (Citizens For June Robinson)

Deposit Date
09/30/16

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*
09/26/16	WA Osteopathic Physicians & PO Box 16486 Seattle, WA 98116	Occupation		X	250.00	250.00
		Occupation				
		Occupation				
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		Occupation				

Page Total 250.00