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
100723990
10-03-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

Mailing Address
PO BOX 957

City	Zip + 4	Office Sought (candidates)	Election Date
La Center, WA	98629	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		
	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
09/29/16	ARCHITECTS POLITICAL ACTION 1010 Western Seattle, WA 98104	Occupation		X	500.00	500.00
09/29/16	PHYSICIANS EYEPAC 2001 6th Ave Ste 2700 Seattle, WA 98121	Occupation		X	1,000.00	1,000.00
09/29/16	OUR PATIENTS COME FIRST PAC 3760 Squalicum Lake Rd. Bellingham, WA 98226	Occupation		X	1,000.00	1,000.00
09/29/16	NRA-POLITICAL VICTORY FUND 11240 Waples Mill Road Fairfax, VA 22030	Occupation		X	500.00	500.00
09/29/16	WSPMA - PODPAC 2150 N 107th Street Ste 205 Seattle, WA 98133	Occupation		X	200.00	200.00
	☒ Check here if additional pages are attached	Sub-total			3,200.00	
		Amount from attached pages			950.00	

*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. 4,150.00

4. Date of Deposit
09/29/16

Treasurer's Daytime Telephone No.: (360)931-3403

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

Treasurer's Signature: Fred Rivers
Date: 10-03-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

Deposit Date
09/29/16

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*
09/29/16	AT&T 208 S Akard Street Dallas, TX 75202	Occupation		X	950.00	950.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 950.00