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
100724526
10-06-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOAN L MCBRIDE (Friends of Joan McBride)

Mailing Address
PO Box 2707

| City | Zip + 4 | Office Sought (candidates) | Election Date |
|---|---|---|---|
| Redmond, WA | 98073-2707 | 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 |
|---|---|---|---|---|---|---|
| 10/06/16 | USAA<br>PO Box 34330<br>San Antonio, TX 78265 | Occupation | | X | 500.00 | 500.00 |
| 10/06/16 | CAMBIA HEALTH SOLUTIONS<br>PO Box 1271<br>Portland, OR 978207 | Occupation | | X | 500.00 | 500.00 |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | ☐ Check here if additional pages are attached | Sub-total<br>Amount from attached pages | | | 1,000.00<br>0.00 | *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. 1,000.00

4. Date of Deposit
10/06/16

Treasurer's Daytime Telephone No.: (425)868-9812

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

| Treasurer's Signature | Date |
|---|---|
| Matthew G Loschen | 10-06-2016 |