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
100724733
10-08-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARCUS M RICCELLI (Friends of Marcus Riccelli)

Mailing Address
PO Box 1325

| City | Zip + 4 | Office Sought (candidates) | Election Date |
|---|---|---|---|
| Spokane, WA | 99210-1325 | 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 |
|---|---|---|---|---|---|---|
| 09/28/16 | WASHINGTON OPTOMETRIC PAC<br>PO Box 2941<br>Olympia, WA 98507 | Occupation | | X | 50.00 | 1,000.00 |
| 09/28/16 | PACIFIC NORTHWEST REGIONAL<br>25120 Pacific Highway S Suite<br>Kent, WA 98032 | Occupation | | X | 300.00 | 1,000.00 |
| 10/05/16 | WASHINGTON ASSOCIATON OF NURSE<br>25817 NE 2nd Court<br>Sammamish, WA 98074 | Occupation | | X | 500.00 | 500.00 |
| 10/05/16 | COLUMBIA DISTRIBUTING<br>6840 N Cutter Circle<br>Portland, OR 97217 | Occupation | | X | 500.00 | 500.00 |
| 10/05/16 | UNITED STEEL WORKERS DISTRICT<br>3150 Carlisle Boulevard Suite<br>Albuquerque, NM 87110 | Occupation | | X | 500.00 | 500.00 |
| | ☒ Check here if additional pages are attached | Sub-total | | | 1,850.00 | |
| | | 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. 2,850.00

4. Date of Deposit
10/07/16

Treasurer's Daytime Telephone No.: (509)939-1897

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

Treasurer's Signature: Barbara Marney
Date: 10-08-2016

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)



Candidate or Committee Name (Do not abbreviate. Use full name.)
MARCUS M RICCELLI (Friends of Marcus Riccelli)

Deposit Date
10/07/16

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* |
|---|---|---|---|---|---|---|
| 10/05/16 | WASHINGTON MEDICAL POLITICAL<br>2033 Sixth Avenue Suite 1100<br>Seattle, WA 98121 | Occupation | | X | 1,000.00 | 1,000.00 |
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Page Total 1,000.00