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
100724989
10-10-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
LINDA L KOCHMAR (Citizens for Kochmar)

Mailing Address
PO Box 3676

City	Zip + 4	Office Sought (candidates)	Election Date
Federal Way, WA	98063	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		100.00
	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
10/03/16	WASHINGTON BEER & WINE PO Box 86 Olympia, WA 98507	Occupation		X	1,000.00	1,000.00
10/03/16	WASHINGTON SELF-INSURERS 828 7th Ave SE Olympia, WA 98501	Occupation		X	1,000.00	1,000.00
10/03/16	WASHINGTON ASSOCIATION OF PO Box 625 Bothell, WA 98041	Occupation		X	500.00	1,000.00
10/03/16	WSVMA-PAC 8024 Bracken Pl SE Snoqualmie, WA 98065	Occupation		X	500.00	500.00
10/04/16	KING COUNTY CORRECTIONS GUILD 6417 S 143rd Pl Tukwila, WA 98168	Occupation		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total			3,500.00	
		Amount from attached pages			190.00	

*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. 3,690.00

4. Date of Deposit
10/06/16

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: 10-10-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
LINDA L KOCHMAR (Citizens for Kochmar)

Deposit Date
10/06/16

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*
10/04/16	CHARLES MCCULLOUGH 28504 10th Ave S Federal Way, WA 98003	Occupation		X	100.00	100.00
10/04/16	DONALD BAROVIC 35929 Pacific Hwy S Federal Way, WA 98003	Occupation		X	50.00	50.00
10/04/16	JACK WINCH 1744 Pointe Woodworth Dr NE Tacoma, WA 98422	Occupation		X	20.00	20.00
10/04/16	PATRICA WINCH 1744 Pointe Woodworth Dr NE Tacoma, WA 98422	Occupation		X	20.00	20.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 190.00