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
100725385
10-10-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
TIM PROBST (Tim Probst)

Mailing Address
PO Box 87936

City	Zip + 4	Office Sought (candidates)	Election Date
Vancouver, WA	98687	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
10/04/16	MH-PAC PO Box 30087 Seattle, WA 98103	Occupation		X	500.00	500.00
10/04/16	SEIU 1199NW 15 S Grady Way, Ste 200 Renton, WA 98057	Occupation		X	1,000.00	1,000.00
10/04/16	CONSTANCE VOGET 1615 N 41st St Seattle, WA 98103	, Occupation RETIRED		X	750.00	750.00
10/04/16	SERVICE EMPLOYEES INT'L UNION 1914 N 34th St, Ste 100 Seattle, WA 98103	Occupation		X	900.00	900.00
10/04/16	ATU LEGISLATIVE COUNCIL OF WA 1155 N State St, Ste 316 Bellingham, WA 98225	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			4,150.00	
		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. 5,150.00

4. Date of Deposit
10/04/16

Treasurer's Daytime Telephone No.: (360)609-3527

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

Treasurer's Signature	Date
Marsha Manning	10-10-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
TIM PROBST (Tim Probst)

Deposit Date
10/04/16

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	AFT WA COPE 625 Andover Park W, Ste 111 Tukwila, WA 98188	Occupation		X	1,000.00	1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 1,000.00