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
100725636
10-11-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
LAURIE DOLAN (Friends of Laurie Dolan)

Mailing Address
4315 78th Ave SW

City	Zip + 4	Office Sought (candidates)	Election Date
Olympia, WA	98512	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
10/07/16	JOHN ETTER 7060 SW Gable Parkway Portland, OR 97225	Occupation		X	50.00	50.00
10/07/16	UA PLUMBERS & PIPEFITTERS 8501 Zenith Ct NE Lacey, WA 98516	Occupation		X	1,000.00	1,000.00
10/08/16	WASHINGTON MEDICAL PAC 2033 6th Avenue Suite 1100 Seattle , WA 98121	Occupation		X	1,000.00	1,000.00
10/08/16	WASHBANKPAC 1601 5th Avenue Seattle , WA 98101	Occupation		X	500.00	500.00
10/08/16	PACIFIC NORTHWEST REGIONAL 25120 Pacific Hwy S Suite 200 Kent, WA 98032	Occupation		X	200.00	400.00
	☒ Check here if additional pages are attached	Sub-total			2,750.00	
		Amount from attached pages			3,300.00	*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. 6,050.00

4. Date of Deposit
10/11/16

Treasurer's Daytime Telephone No.: (509)999-2105

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

Treasurer's Signature: James L Carrick
Date: 10-11-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
LAURIE DOLAN (Friends of Laurie Dolan)

Deposit Date
10/11/16

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*
10/08/16	PEMCO MUTUAL INSURANCE COMPNY 1300 Dexter Avenue North Seattle , WA 98109	Occupation		X	300.00	300.00
10/08/16	PUGET SOUND ENERGY PO Box 97034 Bellevue, WA 98009	Occupation		X	1,000.00	1,000.00
10/08/16	WASHINGTON STATE AUTO DEALERS 621 SW Grady Way Renton, WA 98057	Occupation		X	500.00	500.00
10/08/16	WASHINGTON BEER & WINE PO Box 86 Olympia, WA 98507	Occupation		X	500.00	500.00
10/08/16	WASHINGTON OPTOMETRIC PAC PO Box 2941 Olympia, WA 98507	Occupation		X	1,000.00	1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 3,300.00