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
100725672
10-11-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
KRISTINE M REEVES (Friends to Elect Kristine Reeves)

Mailing Address
PO BOX 24163

City	Zip + 4	Office Sought (candidates)	Election Date
Federal Way, WA	98093	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		10.00
	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
10/02/16	MLK JR COUNTY LABOR COUNCIL 2800 1st Ave, Ste 206 Seattle, WA 98121	Occupation		X	700.00	700.00
10/02/16	CONSTANCE VOGET 1615 N 4th St Seattle, WA 98103	, Occupation RETIRED		X	900.00	900.00
10/02/16	WARREN GUYKEMA 29020 1st Ave #44 Des Moines, WA 98198	Occupation		X	30.00	80.00
10/02/16	IRON WORKERS DISTRICT COUNCIL 11620 NE Ainsworth Circle #200 Portland, OR 97220	Occupation		X	500.00	1,000.00
10/02/16	SEIU HEALTHCARE 1199 NW PAC 15 S Grady Way, Ste 200 Renton, WA 98057	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			3,130.00 1,800.00	*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. 4,930.00

4. Date of Deposit
10/04/16

Treasurer's Daytime Telephone No.: (206)249-3327

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

Treasurer's Signature	Date
Camron A Schwarmann	10-11-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
KRISTINE M REEVES (Friends to Elect Kristine Reeves)

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*
10/03/16	UNITED STEEL WORKERS DISTRICT 3150 Carlisle Blvd Ste 110 Albuquerue, NM 87110	Occupation		X	1,000.00	1,000.00
10/03/16	COPE PIERCE COUNTY CENTRAL 3049 S 39th St Tacoma, WA 98409	Occupation		X	300.00	300.00
10/02/16	TACOMA LONGSHOREMEN CREDIT 3602 Alexander Ave Tacoma, WA 98424	Occupation		X	500.00	500.00
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Page Total 1,800.00