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
100725798
10-11-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

Mailing Address
PO BOX 957

City	Zip + 4	Office Sought (candidates)	Election Date
La Center, WA	98629	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
10/07/16	SEAN GRAHAM 416 4th Avenue SW Olympia, WA 98512	Washington State Medical Association Olympia, WA Occupation LOBBYIST		X	150.00	150.00
10/07/16	KENNETH BLOCK 1200 Westlake Ave. N Seattle, WA 98109	Occupation		X	100.00	100.00
10/07/16	CONOR CURTIS 1375 Bellevue Way NE #A Bellevue, WA 98004	Urban Bud Bellevue, WA Occupation RETAILER		X	250.00	250.00
10/07/16	SEATTLE MARINERS PO Box 4100 Seattle, WA 98194	Occupation		X	1,000.00	1,000.00
10/07/16	WASHINGTON ASSOCIATION OF 25817 NE 2nd Court Sammamish, WA 98074	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			2,500.00 350.00	*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.: (360)931-3403

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

Treasurer's Signature: Fred Rivers
Date: 10-11-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

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*
10/07/16	K12 MANAGEMENT INC. 2300 Corporate Park Dr. Herndon, VA 20171	Occupation		X	250.00	250.00
10/07/16	WASHINGTON OPTOMETRIC POLITICAL PO Box 2941 Olympia, WA 98507	Occupation		X	100.00	750.00
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Page Total 350.00