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
100726524
10-17-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
BARBARA F BAILEY (Friends of Barbara Bailey)

Mailing Address
Box 374

City	Zip + 4	Office Sought (candidates)	Election Date
Oak Harbor, WA	98277	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		130.00
	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
10/15/16	MUCKLESHOOT INDIAN TRIBE 39015 - 172nd Ave SE Auburn, WA 98092	Occupation		X	500.00	500.00
10/15/16	WASHINGTON FOODPAC 9700 SW CAPITOL HWY, STE. 250 PORTLAND, OR 97219	Occupation		X	1,000.00	1,000.00
10/15/16	PUGET SOUND CHAPTER NECA PAC 16001 Aurora Ave N, Ste 200 Shoreline, WA 98133	Occupation		X	1,000.00	1,000.00
10/15/16	MONSANTO COMPANY 800 N Lindbergh Blvd St Louis, MO 63167	Occupation		X	1,000.00	1,000.00
10/15/16	WASHINGTON WHEAT PAC PO Box 184 Ritzville, WA 99169	Occupation		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			4,000.00 1,500.00	*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. 5,500.00

4. Date of Deposit
10/15/16

Treasurer's Daytime Telephone No.: (360)240-0844

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

Treasurer's Signature	Date
Bernis H Bailey	10-17-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
BARBARA F BAILEY (Friends of Barbara Bailey)

Deposit Date
10/15/16

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*
10/15/16	FARMERS EMPLOYEES AND AGENTS 222 CAPITAL WAY N STE 108 OLYMPIA, WA 98501	Occupation		X	1,000.00	1,000.00
10/15/16	DANNY COYNE 625 DELPHI RD NW OLYMPIA, WA 98502	Self Olympia, WA Occupation SELF EMPLOYED		X	250.00	250.00
10/15/16	DARCI COYNE 625 DELPHI RD NW OLYMPIA, WA 98502	Self Olympia, WA Occupation SELF EMPLOYED		X	250.00	250.00
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 1,500.00