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
100726682
10-17-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHN KOSTER (Elect John Koster)

Mailing Address
11014 19th Avenue SE, Ste. 8 #303

City	Zip + 4	Office Sought (candidates)	Election Date
Everett, WA	98208	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		120.00
	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
10/09/16	PATRICIA GOODSELL 11030 123rd AVE NE LAKE STEVENS, WA 98258	Occupation		X	50.00	50.00
10/09/16	STEVEN COREY 325 AVENUE H SNOHOMISH, WA 98290	Occupation		X	50.00	50.00
10/09/16	GEORGE HUSSEY 16825 SMOKEY POINT BLVD. ARLINGTON, WA 98223	Occupation		X	50.00	50.00
10/09/16	PAUL CHRYSLER 20929 36TH PL W LYNNWOOD, WA 98036	Occupation		X	100.00	100.00
10/09/16	CAMBIA HEALTH SOLUTIONS PO BOX 1271 PORTLAND, OR 97207	Occupation		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			750.00 725.00	*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. 1,475.00

4. Date of Deposit
10/09/16

Treasurer's Daytime Telephone No.: (360)981-1338

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

Treasurer's Signature	Date
Abby L Burlingame	10-17-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHN KOSTER (Elect John Koster)

Deposit Date
10/09/16

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*
10/09/16	CAROL HARDAN PO BOX 1508 EDMONDS, WA 98020	Occupation		X	50.00	50.00
10/09/16	EDWARD HANSEN PO BOX 2229 EVERETT, WA 98213	Occupation		X	100.00	100.00
10/09/16	GEORGE HAAGE 608 92nd st se everett, WA 98208	Occupation		X	25.00	25.00
10/09/16	JANICE ANDERSON 3509 ALYSON DR GRANITE FALLS, WA 98252	Occupation		X	50.00	50.00
10/09/16	JAMES CASSAN 2737 78TH AVE SE, STE 201 MERCER ISLAND, WA 98040	, Occupation RETIRED		X	250.00	250.00
10/09/16	DORIS CASSAN 2737 78TH AVE SE, STE 201 MERCER ISLAND, WA 98040	, Occupation RETIRED		X	250.00	250.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 725.00