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
100728449
10-18-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
LINDA L KOCHMAR (Citizens for Kochmar)

Mailing Address
PO Box 3676

City	Zip + 4	Office Sought (candidates)	Election Date
Federal Way, WA	98063	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		100.00
	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
10/14/16	SENATE REPUBLICAN CAMPAIGN PO Box 11025 Olympia, WA 98508	Occupation		X	25,000.00	25,000.00
10/13/16	ALLSTATE INSURANCE COMPANY 2775 Sanders Rd Northbrook, IL 60062	Occupation		X	1,000.00	1,000.00
10/13/16	POTATO PAC PO Box 2247 Pasco, WA 99302	Occupation		X	1,000.00	1,000.00
10/13/16	THE KROGER CO. 1014 Vine St Cincinnati, OH 45202	Occupation		X	500.00	500.00
10/13/16	WASHINGTON ELECTRIC PO Box 7219 Olympia, WA 98507	Occupation		X	300.00	300.00
	☒ Check here if additional pages are attached	Sub-total			27,800.00	
		Amount from attached pages			450.00	

*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. 28,250.00

4. Date of Deposit
10/17/16

Treasurer's Daytime Telephone No.: (253)988-2455

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

Treasurer's Signature: Tom Perry
Date: 10-18-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
LINDA L KOCHMAR (Citizens for Kochmar)

Deposit Date
10/17/16

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*
10/12/16	LORRI NICHOLS 34730 Pacific Hwy S Federal Way, WA 98003	Occupation		X	100.00	100.00
10/12/16	MICHAEL KINNEAR 640 Vista Dr Tacoma, WA 98465	Natural Wellness Center Federal Way, WA Occupation CHIROPRACTOR		X	50.00	50.00
10/12/16	SUSAN KINNEAR 640 Vista Dr Tacoma, WA 98465	Occupation		X	50.00	50.00
10/12/16	STEPHEN BALL 1717 S 324th St Ste B Federal Way, WA 98003	Occupation		X	100.00	100.00
10/12/16	EDWARD YEE 720 122nd Avenue Ct E Edgewood, WA 98372	Occupation		X	50.00	50.00
10/12/16	KIMBERLY YEE 720 122nd Avenue Ct E Edgewood, WA 98372	Occupation		X	50.00	50.00
10/12/16	TYSON SCHOLES 1713 S 254th Pl Des Moines, WA 98198	Occupation		X	25.00	25.00
10/12/16	ALLISON SCHOLES 1713 S 254th Pl Des Moines, WA 98198	Occupation		X	25.00	25.00
		Occupation				
		Occupation				
		Occupation				

Page Total 450.00