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
100728700
10-19-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOYCE MCDONALD (Citizens To Elect Joyce McDonald)

Mailing Address
PO Box 1225

City	Zip + 4	Office Sought (candidates)	Election Date
Puyallup, WA	98371	STATE REPRESENTATIVE	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
10/18/16	GARY ALEXANDER 7915 LORNA DR SE OLYMPIA, WA 98503	Occupation		X	50.00	50.00
10/18/16	PUGET SOUND CHAPTER NECA PAC 16001 AURORA AVE N SUITE 200 SHORLINE , WA 98133	Occupation		X	500.00	500.00
10/18/16	AVISTA PO BOX 3727 SPOKANE, WA 99220	Occupation		X	1,000.00	1,000.00
10/18/16	ASSOCIATION OF WASHINGTON PO BOX 658 OLYMPIA, WA 98507	Occupation		X	500.00	500.00
10/18/16	DELTA DENTAL PO BOX 75688 SEATTLE, WA 98175	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			3,050.00	
		Amount from attached pages			1,000.00	*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. 4,050.00

4. Date of Deposit
10/19/16

Treasurer's Daytime Telephone No.: (253) 770-8061

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

Treasurer's Signature: Gary McDonald
Date: 10-19-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOYCE MCDONALD (Citizens To Elect Joyce McDonald)

Deposit Date
10/19/16

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*
10/18/16	ASSOCIATION OF WASHINGTON 1201 PACIFIC AVE SUITE 2100 TACOMA, WA 98402	Occupation		X	1,000.00	1,000.00
		Occupation				
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Page Total 1,000.00