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
100728941
10-20-2016

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
10/19/16	JOHNSON AND JOHNSON SERVICES, 4707 SMITHERS AVE., S RENTON, WA 98055	Occupation		X	500.00	500.00
10/19/16	BP NORTH AMERICA EMPLOYEE PAC 501 Westlake Park Blvd Houston, TX 77079	Occupation		X	1,000.00	1,000.00
10/19/16	MERCK SHARP & DOHME CORP 2717 Garfield Rd Tacoma, WA 98463	Occupation		X	1,000.00	1,000.00
10/19/16	CHEVRON PO Box 9034 Concord, CA 94524	Occupation		X	1,000.00	1,000.00
10/19/16	NATIONAL ASSOCIATION OF CHAIN 130 18th Avenue SE Olympia, WA 98501	Occupation		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total			4,000.00	
		Amount from attached pages			550.00	

*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. 4,550.00

4. Date of Deposit
10/19/16

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	10-20-2016

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
10/19/16

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*
10/19/16	PEMCO MUTUAL INSURANCE COMPANY 325 EASTLAKE AVE. EAST SEATTLE, WA 98109	Occupation		X	300.00	600.00
10/19/16	ADULT FAMILY HOME COUNCIL 523 Pear St SE Olympia, WA 98501	Occupation		X	250.00	250.00
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 550.00