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
100729823
AMENDS
100727869
10-24-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
KRISTINE M REEVES (Friends to Elect Kristine Reeves)

Mailing Address
PO BOX 24163

City	Zip + 4	Office Sought (candidates)	Election Date
Federal Way, WA	98093	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		61.00
	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
10/17/16	INDEPENDENCE DAY LEADERSHIP PO Box 23037 Seattle, WA 98102	Occupation		X	1,000.00	1,000.00
10/19/16	IBEW LOCAL 483 PAC 3525 S Alder St Tacoma, WA 98409	Occupation		X	200.00	200.00
10/19/16	SAMISH TYEE PO Box 161 Anaortes, WA 98093	Occupation		X	1,000.00	1,000.00
10/19/16	PROFESSIONAL AND TECHNICAL 2900 Eastlake Ave #300 Seattle, WA 98102	Occupation		X	1,000.00	1,000.00
10/19/16	NARAL PRO-CHOICE AMERICA PAC 1156 15th St NW Washington, DC 20005	Occupation		X	988.76	988.76
	☒ Check here if additional pages are attached	Sub-total			4,188.76	
		Amount from attached pages			6,000.00	

*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. 10,188.76

4. Date of Deposit
10/20/16

Treasurer's Daytime Telephone No.: (206)249-3327

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

Treasurer's Signature: Camron A Schwarmann
Date: 10-24-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
KRISTINE M REEVES (Friends to Elect Kristine Reeves)

Deposit Date
10/20/16

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	EMILY'S LIST FEDERAL FUND 1800 M St NW, Ste375N Washington, WA 20036	Occupation		X	1,000.00	1,000.00
10/17/16	ATU COPE 10000 New Hampshire Ave Silver Spring, MD 20903	Occupation		X	1,000.00	1,000.00
10/19/16	WASHINGTON STATE DEMOCRATS 615 2nd Ave, Ste 580 Seattle, WA 98104	Occupation		X	4,000.00	40,990.07
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				
		Occupation				
		Occupation				

Page Total 6,000.00