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
100729965
10-24-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
CHRISTINE ROLFES (People To Reelect Christine Rolfes)

Mailing Address
PMB 118, 19689 7th Ave NE

City	Zip + 4	Office Sought (candidates)	Election Date
Poulsbo, WA	98370	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		594.00
	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
10/24/16	TRANSFORMATIONS 6655 TARA LN BAINBRUDGE ISLAND, WA 98110	Occupation		X	250.00	250.00
10/24/16	PUYALLUP TRIBE OF INDIANS 3009 EAST PORTLAND AVENUE TACOMA, WA 98404	Occupation		X	1,000.00	1,000.00
10/24/16	SAVE THE CHILDREN 1163 OLD TODDS RD LEXINGTON, KY 40509	Occupation		X	1,000.00	1,000.00
10/24/16	MICHAEL SPENCE 8469 FERNCLIFF AVE NE BAINBRUDGE ISLAND, WA 98110	Occupation		X	25.00	25.00
10/24/16	KAREN WEST 8469 FERNCLIFF AVE NE BAINBRUDGE ISLAND, WA 98110	Occupation		X	25.00	25.00
	☒ Check here if additional pages are attached	Sub-total			2,300.00	
		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. 3,300.00

4. Date of Deposit
10/24/16

Treasurer's Daytime Telephone No.: (360)697-4954

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

Treasurer's Signature	Date
Alvin F Andrus	10-24-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
CHRISTINE ROLFES (People To Reelect Christine Rolfes)

Deposit Date
10/24/16

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*
10/24/16	THOMAS CUNNINGHAM 9570 MANDUS OLSON RD NE BAINBRIDGE ISLAND, WA 98110	, Occupation RETIRED		X	500.00	500.00
10/24/16	SUELLEN CUNNINGHAM 9570 MANDUS OLSON RD NE BAINBRIDGE ISLAND, WA 98110	, Occupation RETIRED		X	500.00	500.00
		Occupation				
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Page Total 1,000.00