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
100730527
10-26-2016

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
10/25/16	LUKE ESSER 404 158th Place SE Bellevue, WA 98008	Self Bellevue, WA Occupation CONSULTANT		X	500.00	500.00
10/25/16	UNITED PSYCOLOGIST PAC 9 South Washington St Spokane, WA 99201	Occupation		X	200.00	200.00
10/25/16	CONSUMER FIREWORKS SAFETY 16526 SHORE DRIVE NE LAKE FOREST PARK, WA 98155	Occupation		X	200.00	200.00
10/25/16	PUYALLUP TRIBE OF INDIANS 3009 East Portland Ave Tacoma, WA 98404	Occupation		X	1,000.00	1,000.00
10/25/16	PAT MOONEY 2010 41ST STREET ANACORTES, WA 98221	Occupation		X	50.00	50.00
	☒ Check here if additional pages are attached	Sub-total			1,950.00	
		Amount from attached pages			50.00	*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. 2,000.00

4. Date of Deposit
10/25/16

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: Bernis H Bailey
Date: 10-26-2016

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
10/25/16

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*
10/25/16	BETTY MOONEY 2010 41ST STREET ANACORTES, WA 98221	Occupation		X	50.00	50.00
		Occupation				
		Occupation				
		Occupation				
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Page Total 50.00