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
100732167
10-31-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
DAVID SAWYER (Friends of David Sawyer)

Mailing Address
PO Box 98479

City	Zip + 4	Office Sought (candidates)	Election Date
Lakewood, WA	98496	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		60.00
	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
10/28/16	WASHINGTON MEDICAL PAC 2033 SIXTH AVENUE SUITE 1100 SEATTLE, WA 98121	Occupation		X	1,000.00	1,000.00
10/26/16	WASTE CONNECTIONS INC 2295 IRON POINT ROAD SUITE 200 FOLSOM, CA 95630	Occupation		X	950.00	950.00
10/27/16	PUBLIC SCHOOL EMPLOYEES OF PO BOX 798 AUBURN, WA 98071	Occupation		X	1,000.00	1,000.00
10/31/16	WASHBANK PAC 1601 5TH AVE SUITE 1120 SEATTLE, WA 98101	Occupation		X	500.00	500.00
10/31/16	WASHINGTON OPTOMETRIC PAC PO BOX 2941 OLYMPIA, WA 98507	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			4,450.00	
		Amount from attached pages			350.00	

*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. 4,800.00

4. Date of Deposit
10/31/16

Treasurer's Daytime Telephone No.: (253)363-2441

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

Treasurer's Signature	Date
Marci E Granquist	10-31-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
DAVID SAWYER (Friends of David Sawyer)

Deposit Date
10/31/16

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*
10/31/16	CONSUMER FIREWORKS SAFETY 16526 SHORE DRIVE NE LAKE FOREST PARK, WA 98155	Occupation		X	250.00	250.00
10/31/16	JAKE FEY 1406 Browns Point Blvd Tacoma, WA 98422	Occupation		X	100.00	100.00
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Page Total 350.00