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
100732190
10-31-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
MIKE KREIDLER (Friends of Mike Kreidler)

Mailing Address
PO Box 15017

City	Zip + 4	Office Sought (candidates)	Election Date
Tumwater, WA	98511	INSURANCE COMMISSIONER	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		40.00
	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
10/31/16	JEAN LEONARD 280 SE Sills Dr Shelton, WA 98584	Occupation		X	100.00	100.00
10/31/16	SALLY M JACKSON 11722 E 6th Ave Spokane, WA 99206	Occupation		X	10.00	10.00
10/31/16	ALAN THOMPSON 6849 Boston Harbor Ext NE Olympia, WA 98508	Occupation		X	50.00	50.00
10/31/16	LOCAL UNION #191, IBEW 2701 Hoyt AVe Everett, WA 98201	Occupation		X	250.00	250.00
10/31/16	MANUEL LAROSA 1628 S Mildred St Ste 210 Tacoma, WA 98465	Sound Oral & Maxillofacial Surgery Tacoma, WA Occupation DENTIST		X	125.00	125.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			535.00 150.00	*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. 685.00

4. Date of Deposit
10/31/16

Treasurer's Daytime Telephone No.: (360)867-1084

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

Treasurer's Signature	Date
Jim Odiorne	10-31-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
MIKE KREIDLER (Friends of Mike Kreidler)

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	SILVIA LAROSA 1628 S Mildred St Ste 210 Tacoma, WA 98465	Sound Implant & Periodontics Tacoma, WA Occupation DENSTIST		X	125.00	125.00
10/31/16	DON HAMELL 29621 176th AVe. SE Kent, WA 98042-9420	Occupation		X	12.50	12.50
10/31/16	MARLENE HAMELL 29621 176th AVe. SE Kent, WA 98042-9420	Occupation		X	12.50	12.50
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 150.00