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
100733855
11-04-2016

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
11/04/16	CAREMARK RX INC PO BOX 287 LINCOLN, RI 02895	Occupation		X	1,000.00	1,000.00
11/04/16	CENTENE MANAGEMENT COMPANY LLC CENTENE CORPORATION ST LOUIS, MO 63105	Occupation		X	1,000.00	1,000.00
11/04/16	HEARTLAND DENTAL LLC 1200 NETWORK CENTRE DR STE 2 EFFINGHAM, IL 62401	Occupation		X	500.00	500.00
11/04/16	LIBERRY MUTUAL INSURANCE CO. 175 BERKELEY ST BOSTON, MA 02116	Occupation		X	1,000.00	1,000.00
		Occupation				
	☐ Check here if additional pages are attached	Sub-total			3,500.00	
		Amount from attached pages			0.00	*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. 3,500.00

4. Date of Deposit
11/04/16

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	11-04-2016