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
100733945
11-04-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
TIMM ORMSBY (People for Timm Ormsby)

Mailing Address
PO Box 2177

City	Zip + 4	Office Sought (candidates)	Election Date
Spokane, WA	99210	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	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	NICHOLAS FEDERICI 6207 12th Ave NE Seattle, WA 98115	, Occupation		X	250.00	250.00
11/04/16	UP RAILROAD COMPANY 1400 Douglas Street Omaha, NE 68179	Occupation		X	250.00	250.00
11/04/16	NORTHWEST SPORTFISHING PO Box 4 Oregon City, OR 97045	Occupation		X	500.00	500.00
11/04/16	ELI LILLY AND COMPANY Lily Corporate Center Indianapolis, IN 46285	Occupation		X	500.00	500.00
11/04/16	WASTE MANAGEMENT PO Box 3027 Houston, TX 77253	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			2,500.00 500.00	*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. 3,000.00

4. Date of Deposit
11/04/16

Treasurer's Daytime Telephone No.: (203)858-8322

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

Treasurer's Signature	Date
Kevin A Pirch	11-04-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
TIMM ORMSBY (People for Timm Ormsby)

Deposit Date
11/04/16

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*
11/04/16	WASHINGTON PHYSICAL THERAPY PAC 1855 1st St Cheney , WA 99004	Occupation		X	500.00	500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 500.00