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
100733964
11-05-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

Mailing Address
PO BOX 957

City	Zip + 4	Office Sought (candidates)	Election Date
La Center, WA	98629	STATE SENATOR	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
11/03/16	TESORO 19100 Ridgewood Parkway San Antonio, TX 78159	Occupation		X	1,000.00	1,000.00
11/03/16	IQ CREDIT UNION POLITICAL PO Box 1739 Vancouver, WA 98668	Occupation		X	250.00	250.00
11/03/16	SHAMROCK 51 PRODUCTIONS 10506 NE 37th Avenue Vancouver, WA 98686	Occupation		X	100.00	100.00
11/03/16	ELI LILLY AND COMPANY , WA	Occupation		X	250.00	375.00
11/03/16	WASHINGTON STATE RADIOLOGICAL PO Box 13247 Olympia, WA 98508	Occupation		X	400.00	400.00
	☒ Check here if additional pages are attached	Sub-total			2,000.00	
		Amount from attached pages			1,750.00	
						*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. 3,750.00

4. Date of Deposit
11/03/16

Treasurer's Daytime Telephone No.: (360)931-3403

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

Treasurer's Signature: Fred Rivers
Date: 11-05-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (Friends of Ann Rivers)

Deposit Date
11/03/16

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*
11/03/16	CAREMARK RX INC PO Box 287 Lincoln, NE 02895	Occupation		X	500.00	500.00
11/03/16	FRIENDS OF WSU 6947 Coal Creek Parkway SE #144 Renton, WA 98059	Occupation		X	500.00	1,000.00
11/03/16	STRATEGIES 360, INC. 1505 Westlake Avenue North, Seattle, WA 98109	Occupation		X	250.00	250.00
11/03/16	MANUFACTURED HOUSING 509 12th Ave. SE Suite 7 Olympia, WA 98501	Occupation		X	500.00	500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 1,750.00