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
100734247
11-07-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
RUTH L KAGI (Citizens for Ruth Kagi)

Mailing Address
13504 8th Avenue NW

City	Zip + 4	Office Sought (candidates)	Election Date
Seattle, WA	98177	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	WASHINGTON MEDICAL PAC 2033 Sixth Avenue, Suite 1100 Seattle, WA 98121	Occupation		X	1,000.00	1,000.00
11/04/16	MOLINA HEALTHCARE INC 200 Oceangate, 6th Floor Long Beach, CA 90802	Occupation		X	1,000.00	1,000.00
11/04/16	ADULT FAMILY HOME COUNCIL 523 Pear Street SE Olympia, WA 98501	Occupation		X	250.00	250.00
		Occupation				
		Occupation				
	☐ Check here if additional pages are attached	Sub-total			2,250.00	
		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. 2,250.00

4. Date of Deposit
11/04/16

Treasurer's Daytime Telephone No.: (206)295-2766

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

Treasurer's Signature	Date
Cathy L Scott	11-07-2016