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
100734357
11-07-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARI L KRUGER LEAVITT (Friends of Mari Leavitt)

Mailing Address
PO Box 65195

City	Zip + 4	Office Sought (candidates)	Election Date
Tacoma, WA	98466	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
11/07/16	SQUAXIN ISLAND TRIBE 10 SE Squaxin Ln Shelton, WA 98584	Occupation		X	500.00	500.00
11/06/16	AURORA BOREALIS PAC 1029 Bigelow Ave NE Olympia, WA 98506	Occupation		X	350.00	950.00
11/04/16	FANNIE KELLEY 5319 64th Ave W University Place, WA 98467	Occupation		X	50.00	50.00
11/04/16	AURORA BOREALIS PAC 1029 Bigelow Ave NE Olympia, WA 98506	Occupation		X	600.00	950.00
11/04/16	IAFF LOCAL 3916 20215 Canyon Dr Granite Falls, WA 98252	Occupation		X	250.00	250.00
	☒ Check here if additional pages are attached	Sub-total			1,750.00	
		Amount from attached pages			50.00	*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. 1,800.00

4. Date of Deposit
11/07/16

Treasurer's Daytime Telephone No.: (206)682-7328

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

Treasurer's Signature: Suzanne Naughton

Date: 11-07-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARI L KRUGER LEAVITT (Friends of Mari Leavitt)

Deposit Date
11/07/16

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	RITA HARRIS 7425 Ruby Dr SW C-2 Lakewood, WA 98498	Occupation		X	50.00	50.00
		Occupation				
		Occupation				
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Page Total 50.00