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
100734402
11-07-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
NORMAN M JOHNSON (NORM JOHNSON FOR STATE REPRESENTATIVE)

Mailing Address
55 W. WASHINGTON AVE #83

City	Zip + 4	Office Sought (candidates)	Election Date
YAKIMA, WA	98903	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		3.33
	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	JOSEPH R MORRIER 402 E. YAKIMA AVE SUITE 1200 YAKIMA, WA 98901	JEM DEVELOPMENT YAKIMA, WA Occupation REAL ESTATE DEVELOPER		X	250.00	250.00
11/07/16	JAMES R ELLIOT 360 COOMBS RD MOXEE, WA 98936	YAKIMA COUNTY YAKIMA, WA Occupation COMMISSIONER		X	250.00	250.00
11/07/16	WASTE CONNECTIONS, INC 3 WATERWAY SQUARE PL #110 THE WOODLANDS, TX 77380	Occupation		X	250.00	250.00
11/07/16	CAREMARK RX INC. P O BOX 287 LINCOLN, RI 02895	Occupation		X	500.00	500.00
11/07/16	HEARTLAND DENTAL LLC 1200 NETWORK CENTRE DR #2 EFFINGHAM, IL 62401	Occupation		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total			1,750.00	
		Amount from attached pages			675.00	

*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. 2,425.00

4. Date of Deposit
11/07/16

Treasurer's Daytime Telephone No.: (509)307-0195

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

Treasurer's Signature: EMILY MEDEIROS

Date: 11-07-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
NORMAN M JOHNSON (NORM JOHNSON FOR STATE REPRESENTATIVE)

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*
11/07/16	WILLAMETTE DENTAL MANAGEMENT 6950 NE CAMPUS WAY HILLSBORO, OR 97124	Occupation		X	525.00	525.00
11/07/16	CONSUMER FIREWORKS SAFETY 16526 SHORE DR NE LAKE FOREST PARK, WA 98155	Occupation		X	150.00	150.00
		Occupation				
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		Occupation				

Page Total 675.00